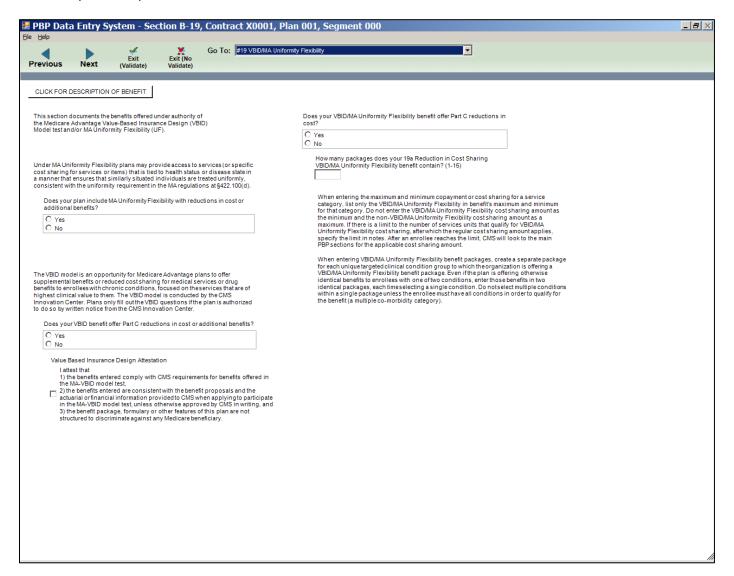
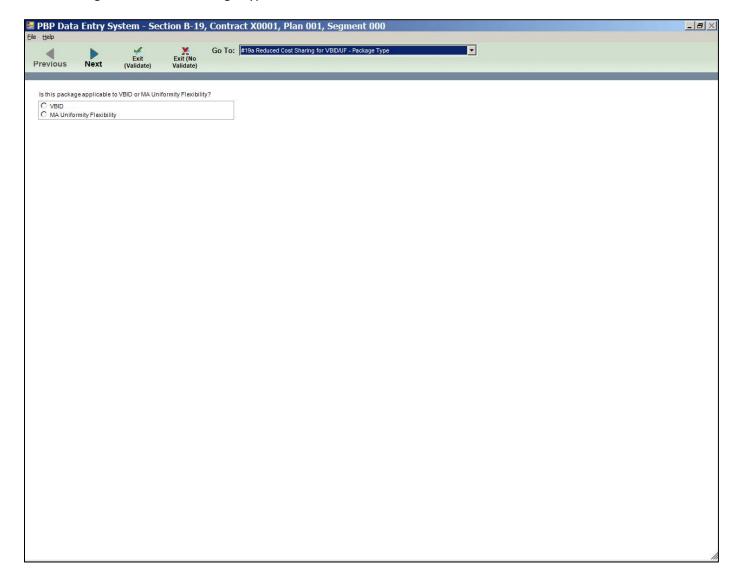
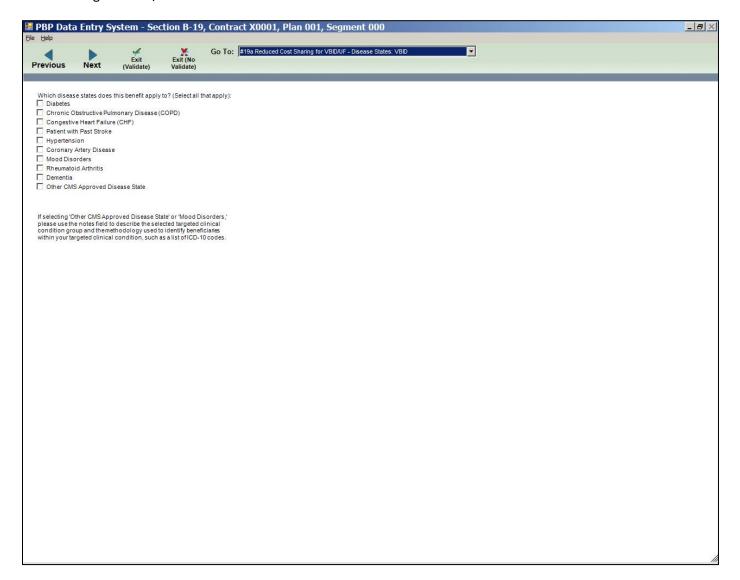
#19 VBID/MA Uniformity Flexibility



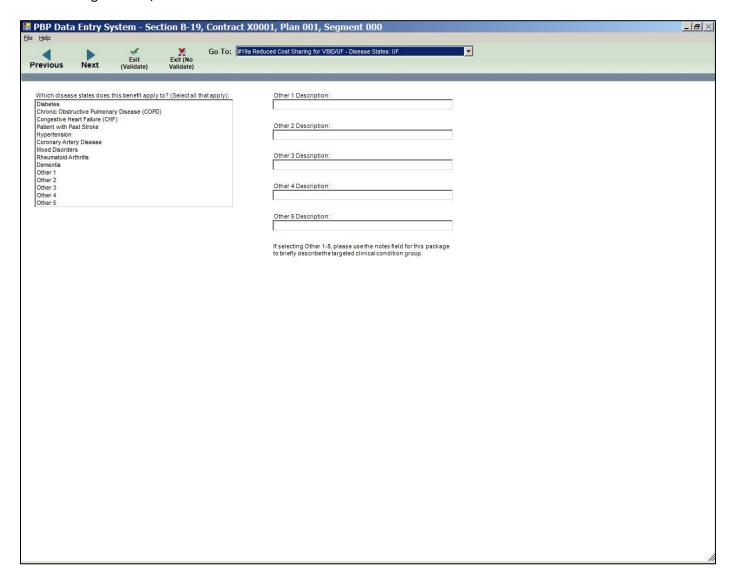
#19a Reduced Cost Sharing for VBID/UF – Package Type



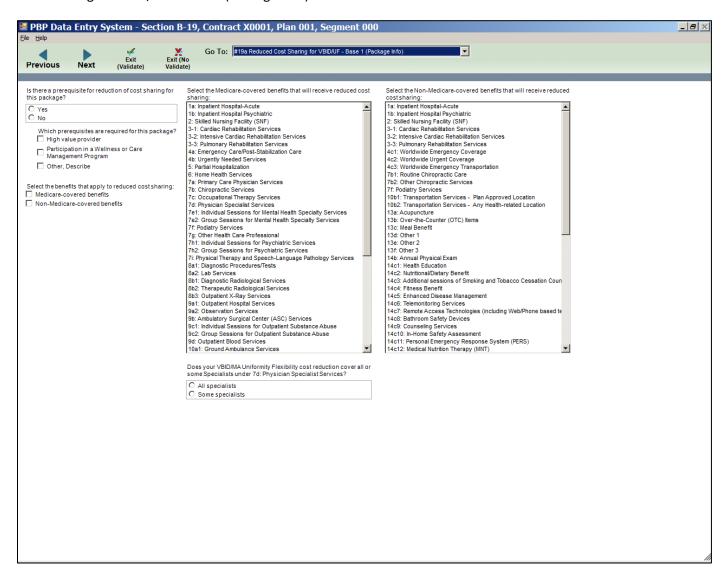
#19a Reduced Cost Sharing for VBID/UF - Disease States: VBID



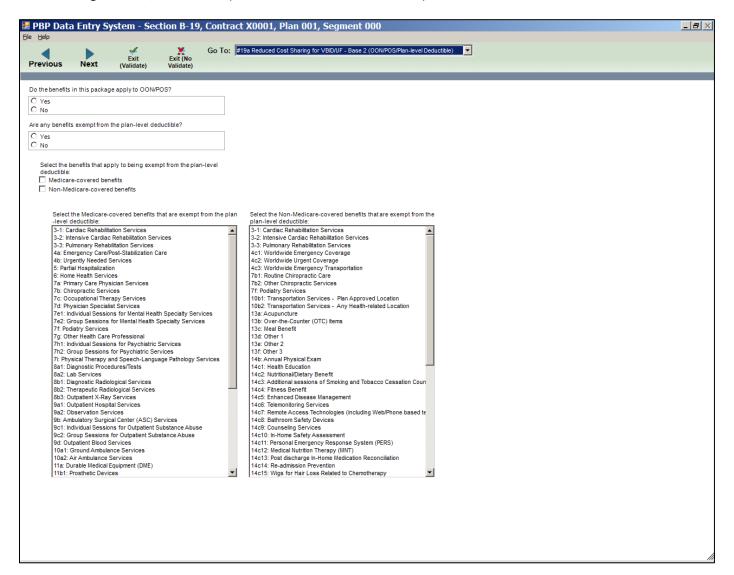
#19a Reduced Cost Sharing for VBID/UF - Disease States: UF



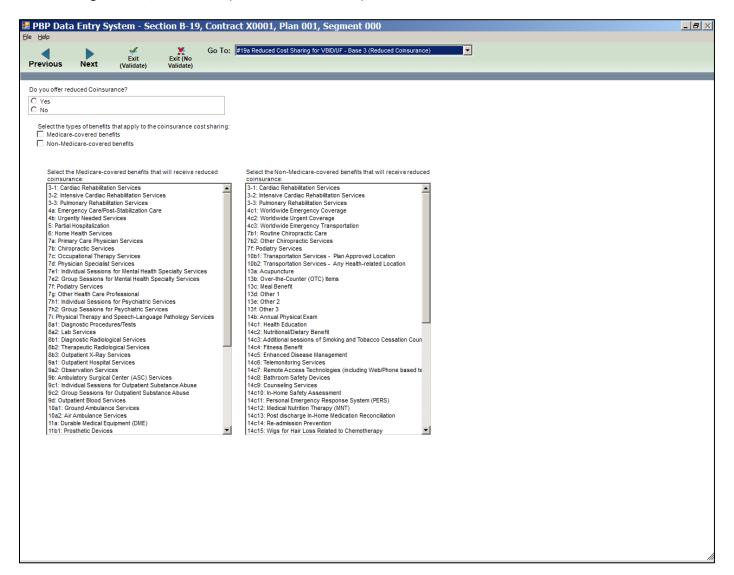
#19a Reduced Cost Sharing for VBID/UF - Base 1 (Package Info)



#19a Reduced Cost Sharing for VBID/UF - Base 2 (OON/POS/Plan-level Deductible)



#19a Reduced Cost Sharing for VBID/UF - Base 3 (Reduced Coinsurance)



#19a Reduced Cost Sharing for VBID/UF – Base 4 (Reduced Coinsurance)

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Indicate Coins	surance for one	ormore of the fol	llowing Medicare	-covered serv	ices:			
			Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum coinsurance	
Cardiac Rehal	bilitation Servic	es			Podiatry Services			
Intensive Card	liac Rehabilitat	ion Services			Other Health Care Professional			
Pulmonary Re	habilitation Ser	vices			Individual Sessions for Psychiatric Services			
Emergency Ca	are/Post-Stabili	zation Care			Group Sessions for Psychiatric Services			
Urgently Need	led Services				Physical Therapy and Speech-Language Pathology Services			
Partial Hospita	alization				Diagnostic Procedures/Tests			
Home Health S	Services				Lab Services			
Primary Care F	Physician Serv	ices			Diagnostic Radiological Services			
Chiropractic S	ervices				Therapeutic Radiological Services			
Occupational	Therapy Servic	es			Outpatient X-Ray Services			
Physician Spe	ecialist Services	•			Outpatient Hospital Services			
Individual Ses Specialty Serv	sions for Ment ices	al Health			Observation Services			
Group Session Services	ns for Mental H	ealth Specialty			Ambulatory Surgical Center (ASC) Services			

#19a Reduced Cost Sharing for VBID/UF – Base 5 (Reduced Coinsurance)

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File Help Previous	Next	Exit (Validate)	Exit (No Validate)		#19a Reduced Cost Sharing for VBID/UF - Base 5 (Red		ance)	
Indicate Coinsu	ırance for one o	rmore of the foll	lowing Medicare	-covered ser	vices:			
			Minimum Coinsurance	Maximum Coinsuranc	e	Minimum Coinsuranc	Maximum ce Coinsurance	
Outpatient Subs	stance Abuse				Glaucoma Screening			
Group Session Abuse	s for Outpatient	Substance			Diabetes Self-Management Training			
Outpatient Bloo	d Services				Barium Enemas			
Ground Ambula	ance Services				Digital Rectal Exams			
Air Ambulance S	Services				EKG following Welcome Visit			
Durable Medica	l Equipment (D	ME)			Other Medicare-covered Preventive Services			
Prosthetic Devi	ces				Medicare Part B Chemotherapy Drugs			
Medical Supplie	es				Other Medicare Part B Drugs			
Diabetic Supplie	es				Comprehensive Dental			
Diabetic Therap	eutic Shoes/In	serts			Eye Exams			
Dialysis Service	es				Eyewear			
Kidney Disease	Education Ser	vices			Hearing Exams			
1								

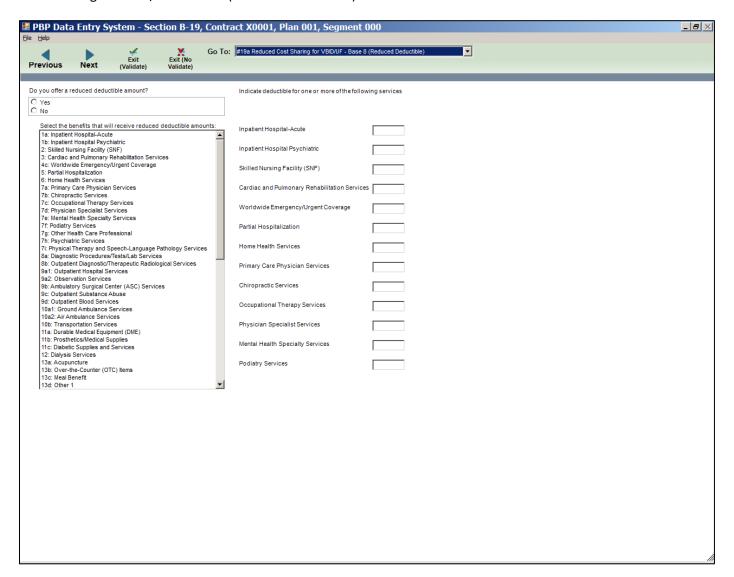
#19a Reduced Cost Sharing for VBID/UF – Base 6 (Reduced Coinsurance)

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File Help Previous	Next	Exit	Exit (No	Go To:	9a Reduced Cost Sharing for VBID/UF - Base 6 (Red	educed Coinsurance)
rievious	Next	(Validate)	Validate)	_		
Indicate Coinsu	urance for one (or more of the follo	wing Non-Med	dicare-covered	s ervices:	
			Minimum Coinsurance	Maximum e Coinsurance		Minimum Maximum Coinsurance Coinsurance
Additional Care	diac Rehabilitat	ion Services			Other 2	
Additional Inte Services	nsive Cardiac F	Rehabilitation			Other 3	
Additional Puln	monary Rehabil	itation Services			Annual Physical Exam	
WorldwideEm	ergency Cover	age			Health Education	
Worldwide Urg	gent Coverage				Nutritional/Dietary Benefit	
WorldwideEm	ergency Trans	portation			Additional sessions of Smoking and Tobacco Cessation Counseling	·
Chiropractic S	ervices - Routi	ne Care			Fitness Benefit	
Chiropractic S	ervices - Other	Services			Enhanced Disease Management	
Podiatry Service	ces - Routine F	oot Care			Telemonitoring Services	
Transportation Location	Services - Pla	n Approved			Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)	
Transportation related Location		y Health-			Bathroom Safety Devices	
Acupuncture					Counseling Services	
Over-the-Coun	nter (OTC) Item	S			In-Home Safety Assessment	
Meal Benefit					Personal Emergency Response System (PERS)	
Other 1					Medical Nutrition Therapy (MNT)	

#19a Reduced Cost Sharing for VBID/UF – Base 7 (Reduced Coinsurance)

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Elle Help Previous Next (Validate)	Exit (No Validate)	Go To: #19a Reduced Cost Sharing for VBID/UF - Base 7 (Reduced Coinsurance)	
Indicate Coinsurance for one or more of the fo	Hawing Non Medica	are povered conjugat		
indicate Comsulance for one of more of the fo	nowing Non-Medica	are-covered services.		
	Minimum M Coinsurance C	Maximum Coinsurance	Minimum Maximum Coinsurance Coinsurance	
Post discharge In-Home Medication Reconciliation		Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services		
Re-admission Prevention		Routine Eye Exams		
Wigs for Hair Loss Related to Chemotherapy		Other Eye Exam Services		
Weight Management Programs		Contact Lenses		
Alternative Therapies		Eyeglasses (lenses and frames)		
Oral Exams		Eyeglass lenses		
Prophylaxis (Cleaning)		Eyeglass frames		
Fluoride Treatment		Upgrades		
Dental X-Rays		Routine Hearing Exams		
Non-routine Services		Fitting/Evaluation for Hearing Aid		
Diagnostic Services		Hearing Aids (all types)		
Restorative Services		Hearing Aids - Inner Ear		
Endodontics		Hearing Aids - Outer Ear		
Periodontics		Hearing Aids - Over the Ear		
Extractions				

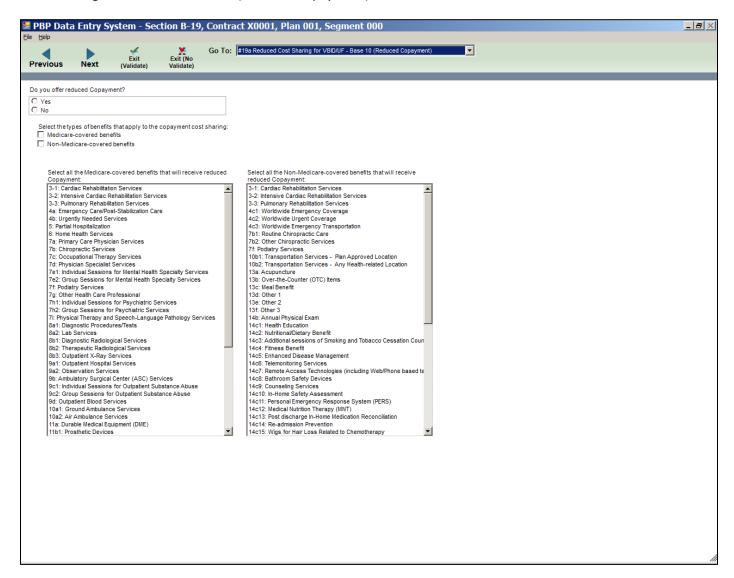
#19a Reduced Cost Sharing for VBID/UF - Base 8 (Reduced Deductible)



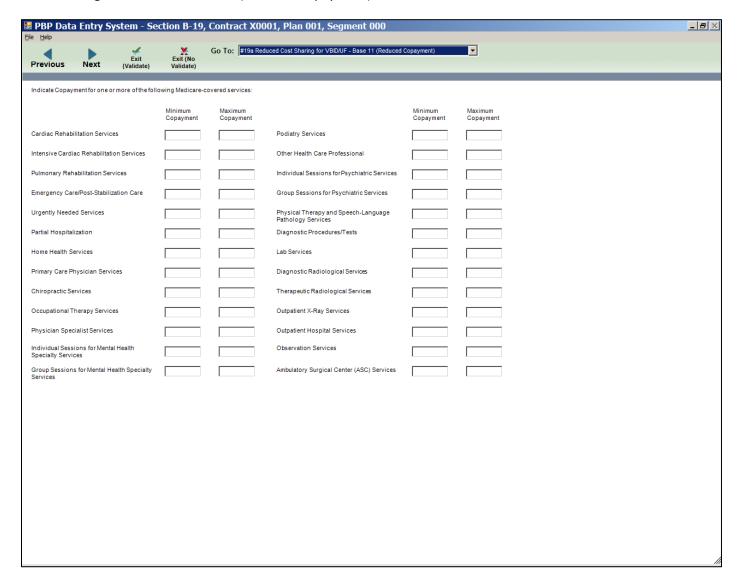
#19a Reduced Cost Sharing for VBID/UF – Base 9 (Reduced Deductible)

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Previous	Next	(Valida										
Indicate deduct	ible for one or mo	ore of the	e following serv	ices								
			Deductible				Deductible		Deductible		Deductible	
			Amount				Amount		Amount		Amount	
Other Health Ca	are Professional	[Prosti	hetic Devices			Enhanced Disease Management		Glaucoma Screening		
Psychiatric Ser	vices	[Diabe	tic Supplies	and Services		Telemonitoring Services		Diabetes Self-Management Training		
Physical Thera Language Path	py and Speech- ology Services	[Dialys	sis Services			Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)		Barium Enemas		
Diagnostic Prod Services	cedures/Tests/La	ıb [Acupu	uncture			Bathroom Safety Devices		Digital Rectal Exams		
Outpatient Diag Radiological Se	nostic/Therapeu ervices	itic [Over-	the-Counter	(OTC) Items		Counseling Services		EKG following Welcome Visit		
Outpatient Hos	pital Services	[Meal i	Benefit			In-Home Safety Assessment		Other Medicare-covered Preventive Services		
Observation Se	ervices	[Other	1			Personal Emergency Response System (PERS)		Medicare Part B Rx Drugs		
Ambulatory Sur Services	gical Center (AS	C) [Other	2			Medical Nutrition Therapy (MNT)		Preventive Dental		
Outpatient Subs	stance Abuse	[Other	3			Post discharge In-Home Medication Reconciliation		Comprehensive Dental		
Outpatient Bloo	d Services	[Annua	al Physical E	kam		Re-admission Prevention		Eye Exams		
Ground Ambula	ance Services	[Health	n Education			Wigs for Hair Loss Related to Chemotherapy		Eyewear		
Air Ambulance	Services	[Nutriti	ional/Dietary	Benefit		Weight Management Programs		Hearing Exams		
Transportation	Services	[s of Smoking and Counseling		Alternative Therapies		Hearing Aids		
Durable Medica	I Equipment (DM	IE)		Fitnes	ss Benefit			Kidney Disease Education Services				

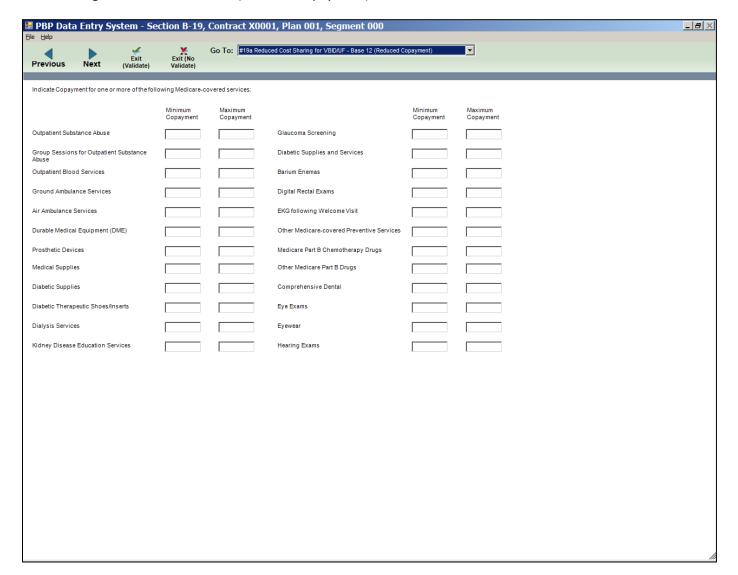
#19a Reduced Cost Sharing for VBID/UF - Base 10 (Reduced Copayment)



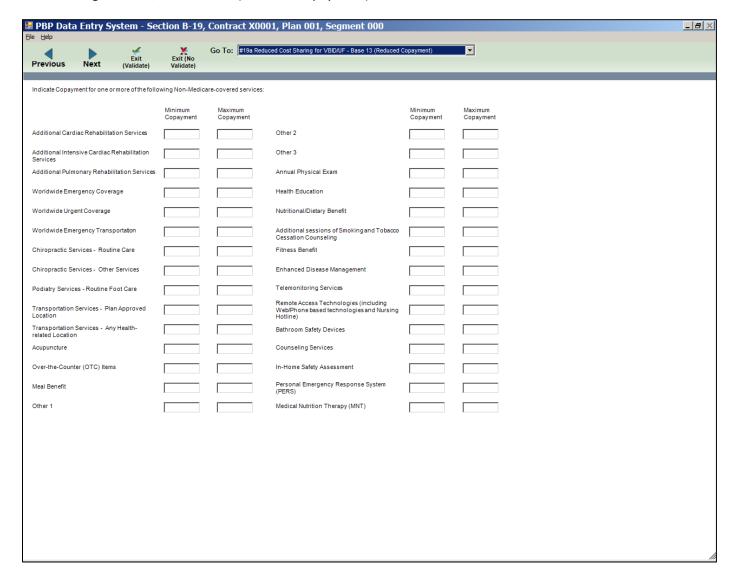
#19a Reduced Cost Sharing for VBID/UF - Base 11 (Reduced Copayment)



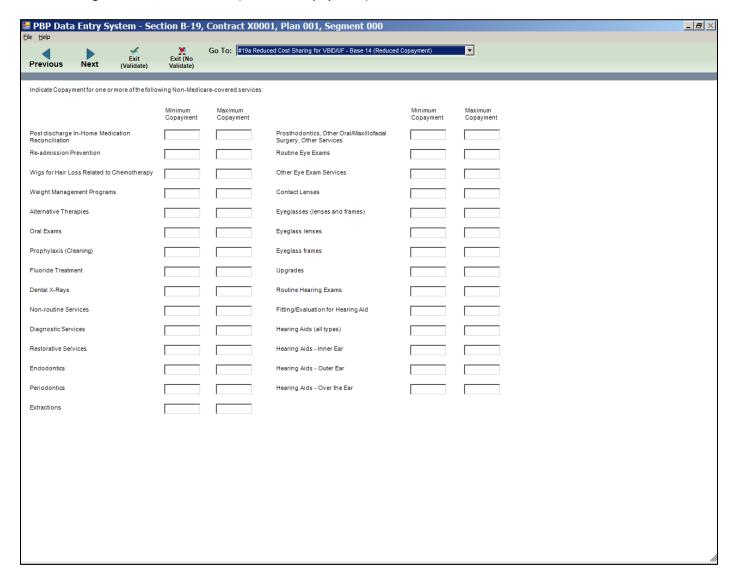
#19a Reduced Cost Sharing for VBID/UF - Base 12 (Reduced Copayment)



#19a Reduced Cost Sharing for VBID/UF - Base 13 (Reduced Copayment)



#19a Reduced Cost Sharing for VBID/UF - Base 14 (Reduced Copayment)



#19a Reduced Cost Sharing for VBID/UF – Base 15 (Reduced Specialist Coinsurance)

🔛 PBP Data En	try Syste	m - Section	B-19, Contract X0	001, Plan	001, Seg	ment 000			_ B ×
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■ 1		Exit Ex	Go To: #19a Re	duced Cost Sha	ring for VBID/L	JF - Base 15 (Reduced Specialist	(Coinsurance	■	
Previous Ne		alidate) Va	lidate)						
Select all Specialists (Geriatrics	with a reduced	coinsurance:	Indicate Coinsurance for on	e or more of the	e following Sp	ecialists:			
Allergy and Immunolog	у			Minimum	Maximum		Minimum	Maximum	
Cardiology Dermatology				Coinsurance	Coinsurance	•	Coinsurance	e Coinsurance	
Endocrinology			Geriatrics			Oncology - Medical, Surgical			
ENT/Otolaryngology Gastroenterology						Oncology - Radiation/			
General Surgery Gynecology, OB/GYN			Allergy and Immunology			Radiation Oncology			
Infectious Diseases			Cardiology			Ophthalmology			
Nephrology Neurology						-			
Neurosurgery Oncology - Medical, Si	urninal		Dermatology			Orthopedic Surgery			
Oncology - Radiation/F		ogy	Endocrinology			Physiatry, Rehabilitative			
Ophthalmology Orthopedic Surgery			Endodinidogy			Medicine			
Physiatry, Rehabilitativ	e Medicine		ENT/Otolaryngology			Plastic Surgery			
Plastic Surgery Pulmonology			Onetra entrantami			Dulmanatan			
Rheumatology Urology			Gastroenterology			Pulmonology			
Vascular Surgery			General Surgery			Rheumatology			
Cardiothoracic Surger Other*	У				_				
			Gynecology, OB/GYN			Urology			
* Please list the provi specialty in the Notes	ders actual		Infectious Diseases			Vascular Surgery			
			Nephrology			Cardiothoracic Surgery			
			Neurology			Other			
			-						
			Neurosurgery						
1									

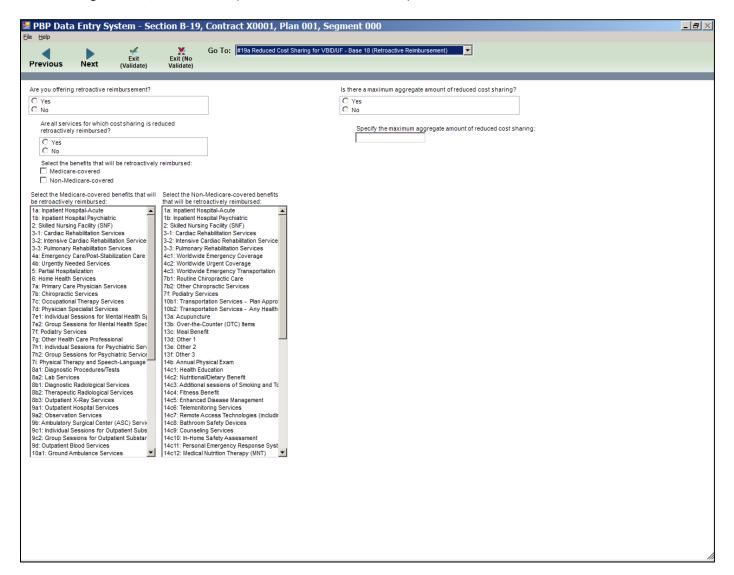
#19a Reduced Cost Sharing for VBID/UF – Base 16 (Reduced Specialist Deductible)

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ile <u>H</u> elp	∀ Go To: #495 Pe	educed Cost Sharing for V	/BID/UF - Base 16 (Reduced Spec	cialist Deductible)	
Previous Next (Validate) V	¥19a Re Exit (No /alidate)	succed cost Sharing for v	DID/OF - Dase TO (Reduced Spec	Janust Deductible)	
(Validate)	alluate)	_	_		-
Select all Specialists with a reduced deductible:	Indicate Deductible for one	or more of the following	Specialists:		
Geriatrics Allergy and Immunology		Deductible		Deductible	
Cardiology		Amount		Amount	
Dermatology Endocrinology	Geriatrics		Oncolonia Madical Consider		
ENT/Otolaryngology	Genatrics		Oncology - Medical, Surgical		
Gastroenterology General Surgery	Allergy and Immunology		Oncology - Radiation/		
Gynecology, OB/GYN			Radiation Oncology		
Infectious Diseases Nephrology	Cardiology		Ophthalmology		
Neurology					
Neurosurgery Oncology - Medical, Surgical	Dermatology		Orthopedic Surgery		
Oncology - Radiation/Radiation Oncology Ophthalmology	Endocrinology		Physiatry, Rehabilitative		
Orthopedic Surgery			Medicine		
Physiatry, Rehabilitative Medicine Plastic Surgery	ENT/Otolaryngology		Plastic Surgery		
Pulmonology	Gastroenterology		Pulmonology		
Rheumatology Urology	Casaccinciology		Lamonology		
Vascular Surgery	General Surgery		Rheumatology		
Cardiothoracic Surgery Other*					
	Gynecology, OB/GYN		Urology		
* Please list the provider's actual specialty in the Notes	Infectious Diseases		Vascular Surgery		
			,		
	Nephrology		Cardiothoracic Surgery		
	Neurology		Other		
	Neurosurgery				

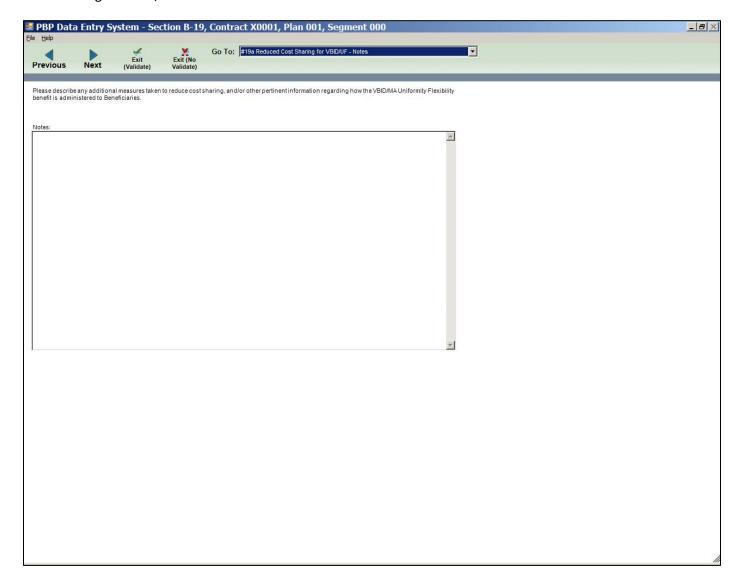
#19a Reduced Cost Sharing for VBID/UF – Base 17 (Reduced Specialist Copayment)

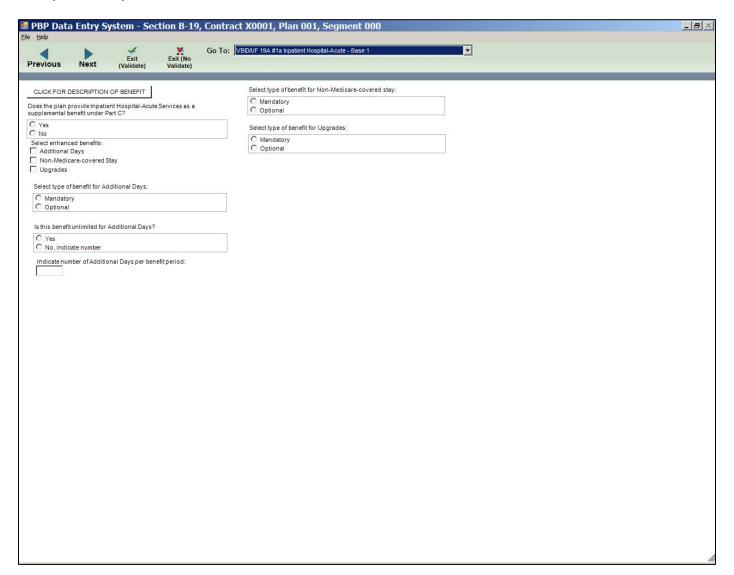
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Select all Specialists with a reduced copayment:	Indicate Copayment for one	e or more of the	following Specialists:			
Geriatrics Allergy and Immunology		Minimum	Maximum	Minimum	Maximum	
Cardiology Dermatology			Copayment		t Copayment	
Endocrinology	Geriatrics		Oncology - Medical	, Surgical		
ENT/Otolaryngology Gastroenterology			Oncology - Radiatio	in/		
General Surgery Gynecology, OB/GYN	Allergy and Immunology		Radiation Oncology			
Infectious Diseases	Cardiology		Ophthalmology			
Nephrology Neurology						
Neurosurgery Oncology - Medical, Surgical	Dermatology		Orthopedic Surgery			
Oncology - Radiation/Radiation Oncology	Endocrinology		Physiatry, Rehabilit	ative		
Ophthalmology Orthopedic Surgery			Medicine			
Physiatry, Rehabilitative Medicine Plastic Surgery	ENT/Otolaryngology		Plastic Surgery			
Pulmonology Rheumatology	Gastroenterology		Pulmonology			
Urology	2,					
Vascular Surgery Cardiothoracic Surgery	General Surgery		Rheumatology			
Other*	Gynecology, OB/GYN		Urology			
* Please list the provider's actual	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
specialty in the Notes	Infectious Diseases		Vascular Surgery			
	Nephrology		Cardiothoracic Surg	gery		
	Neurology		Other			
	Neurosurgery					

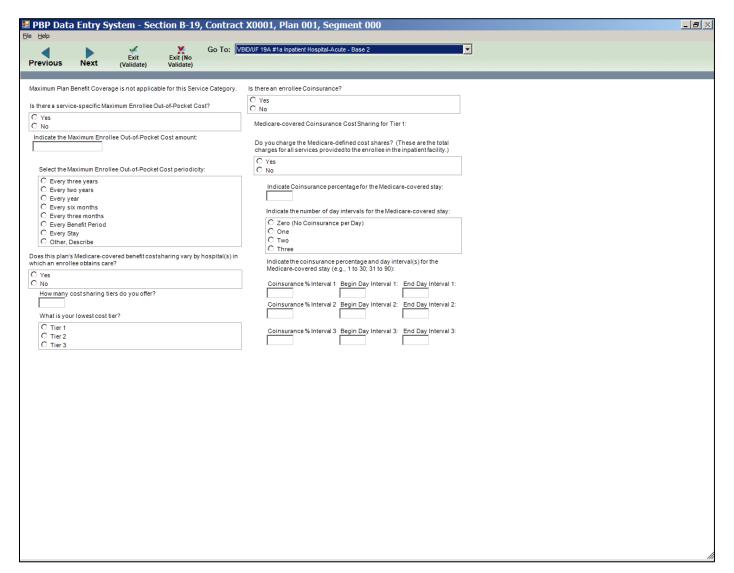
#19a Reduced Cost Sharing for VBID/UF - Base 18 (Retroactive Reimbursement)

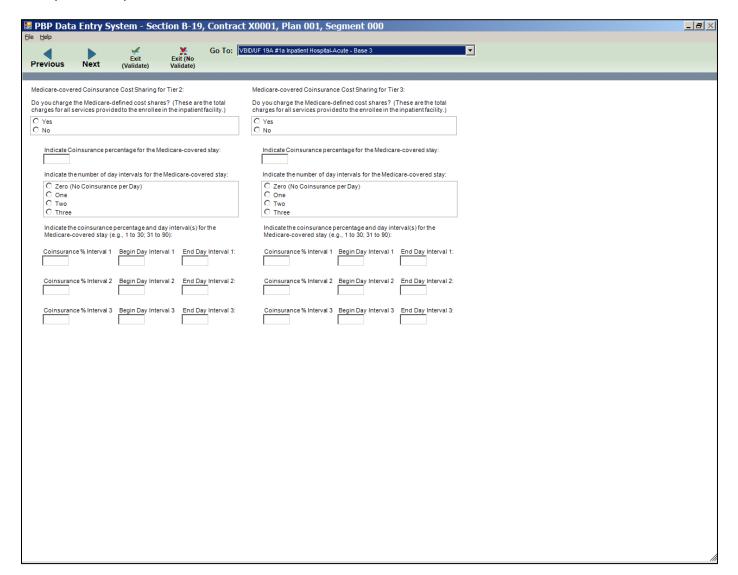


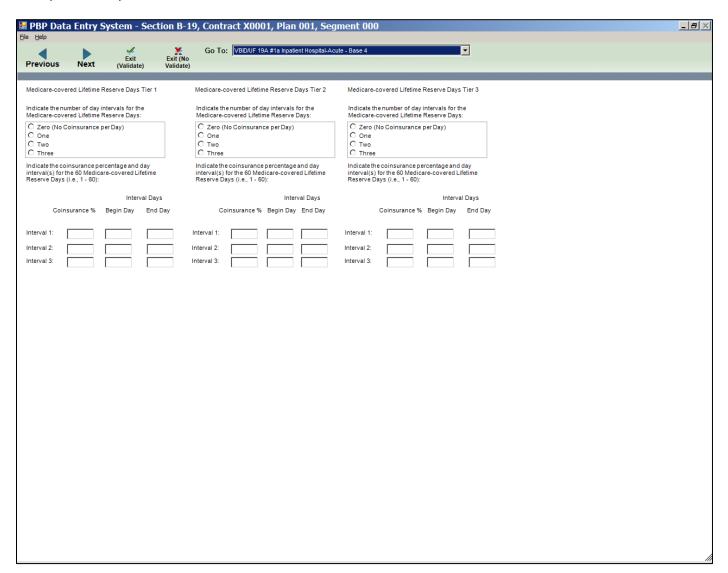
#19a Reduced Cost Sharing for VBID/UF - Notes

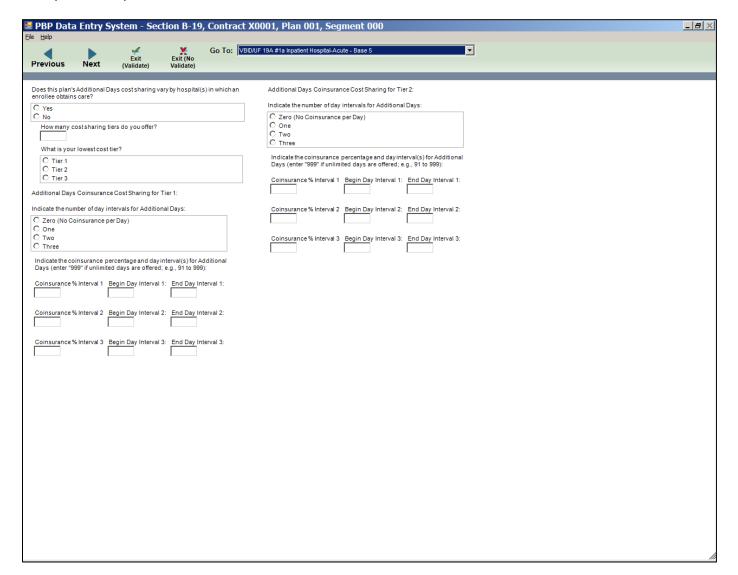


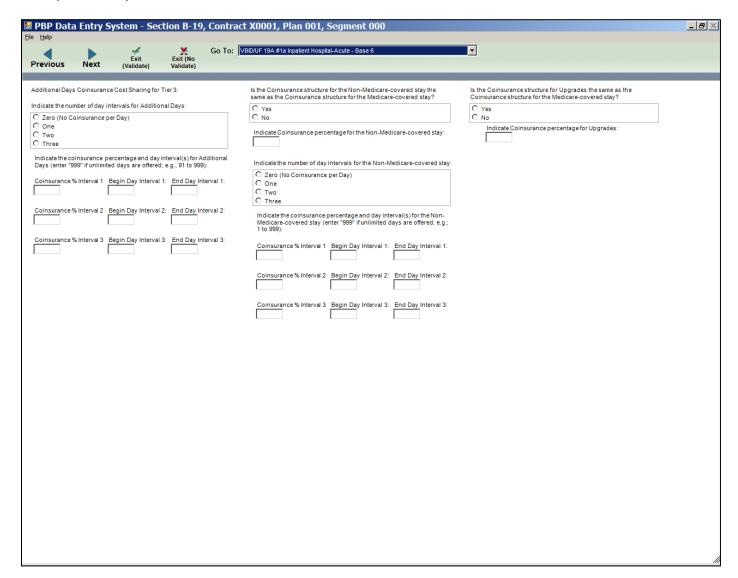


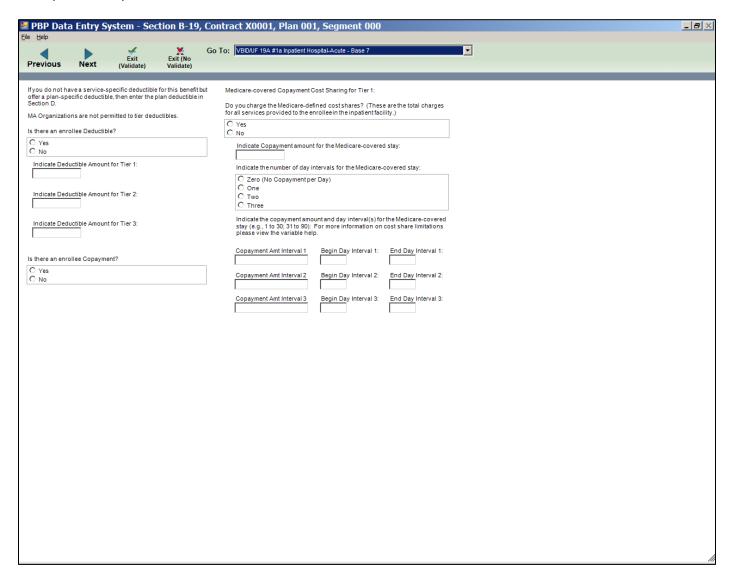


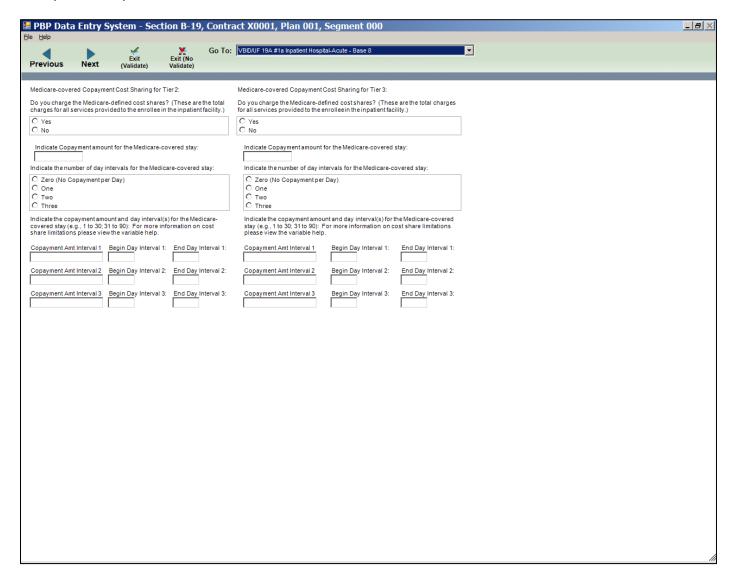


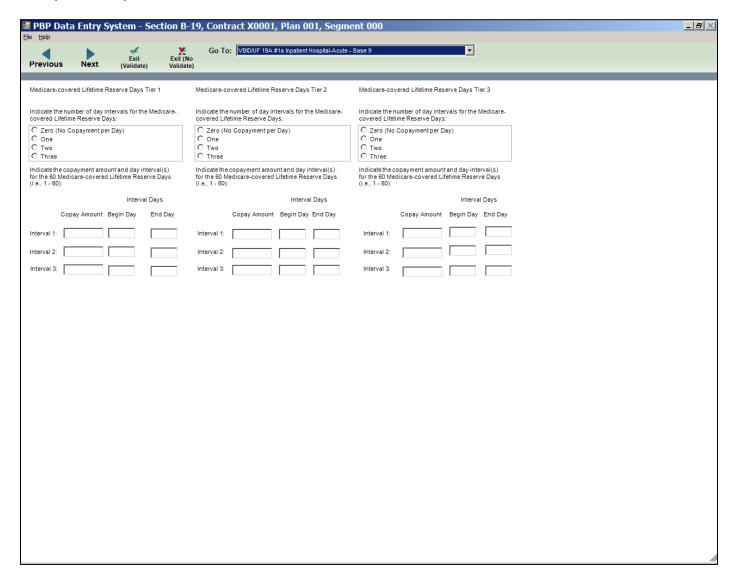


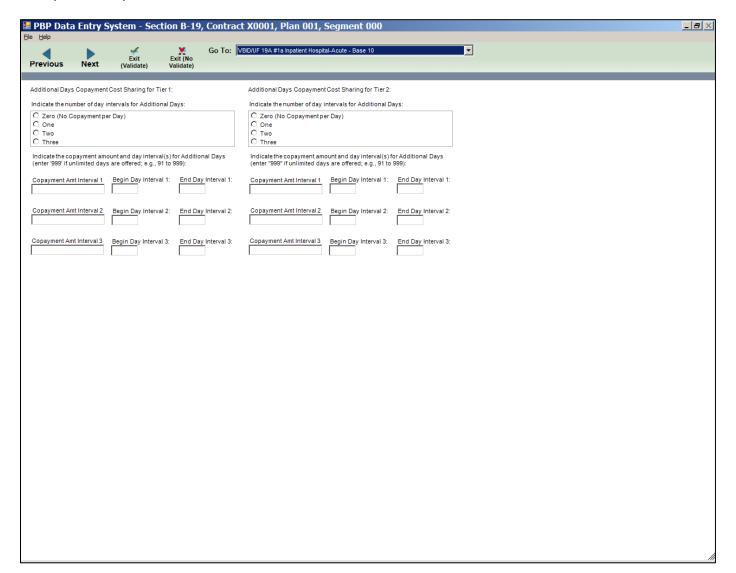


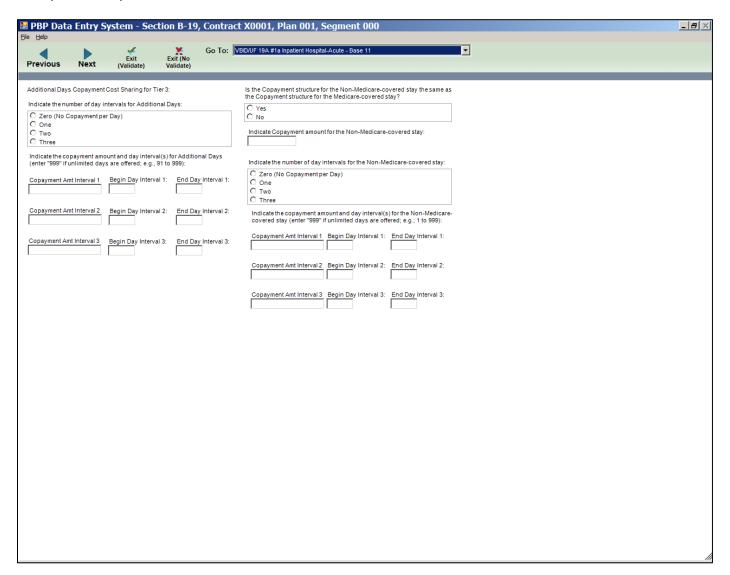


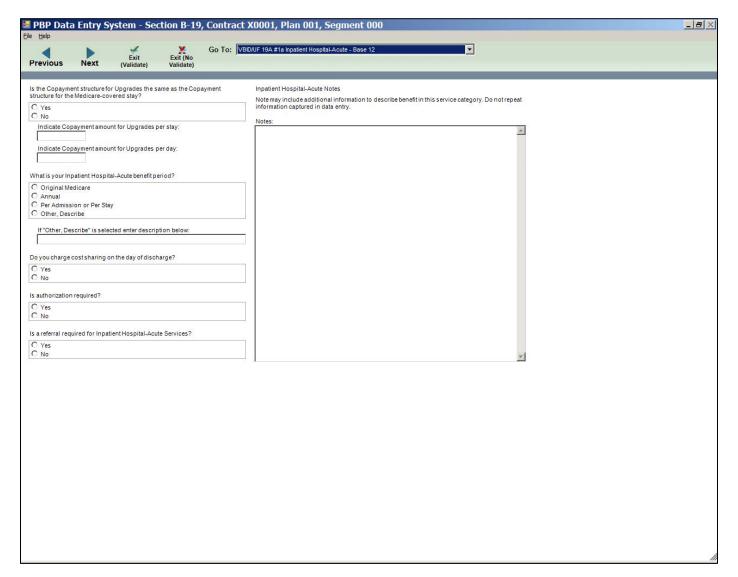




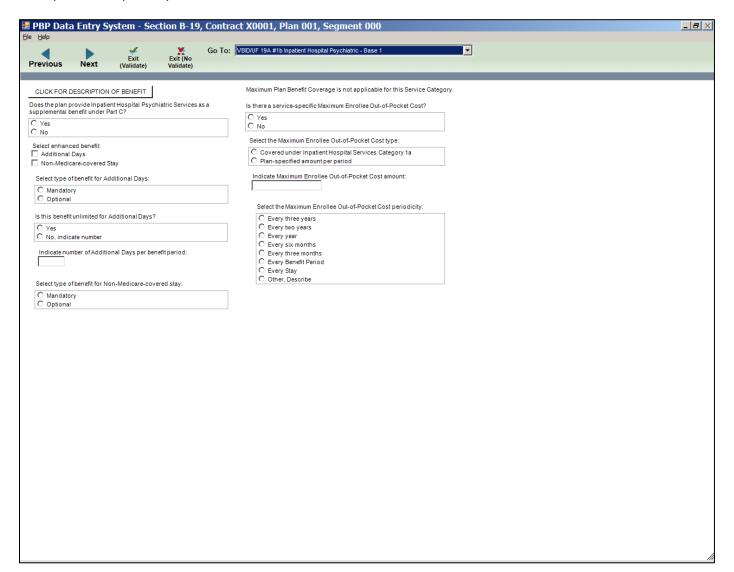


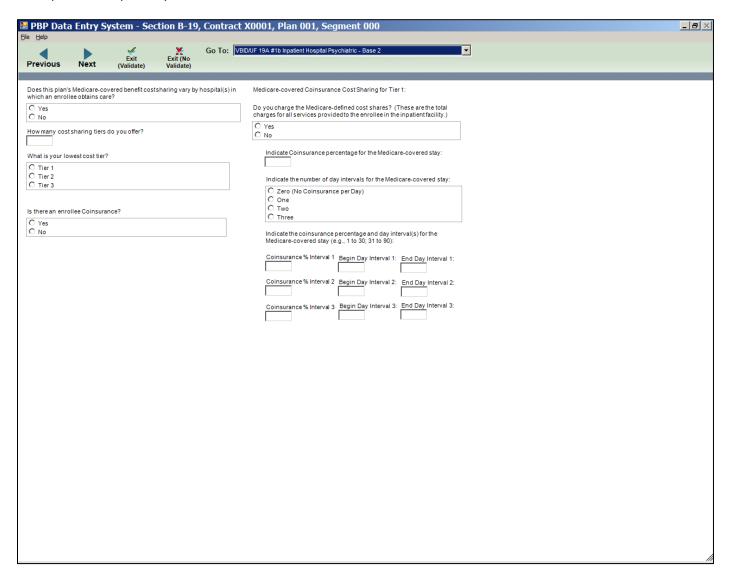


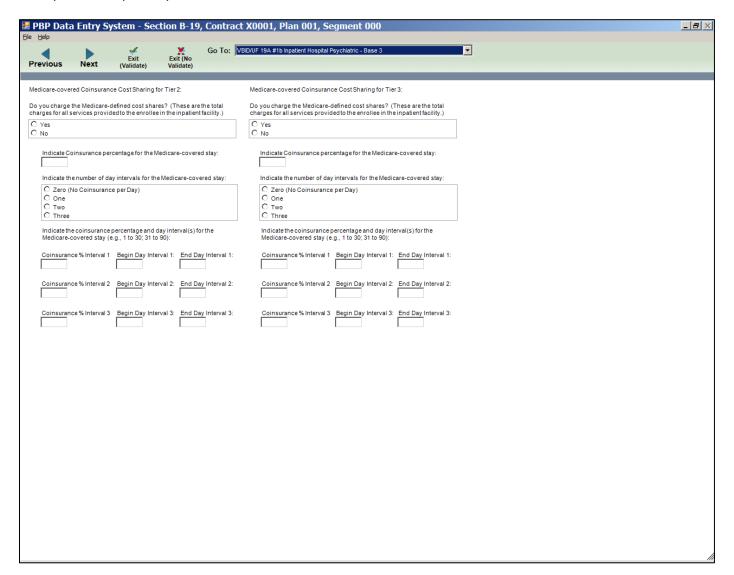




VBID/UF 19A #1b Inpatient Hospital Psychiatric – Base 1

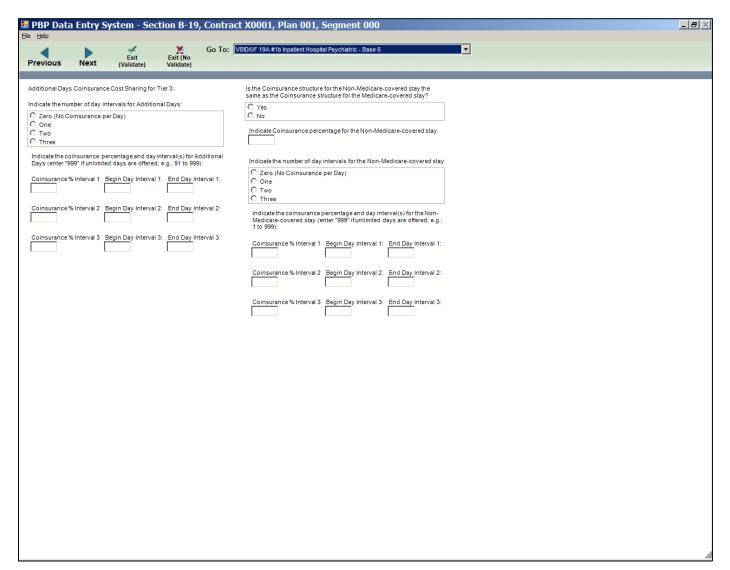


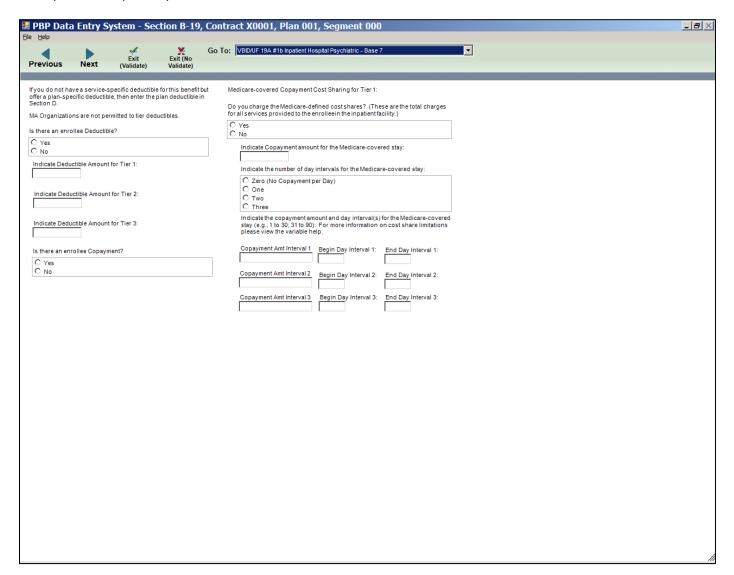


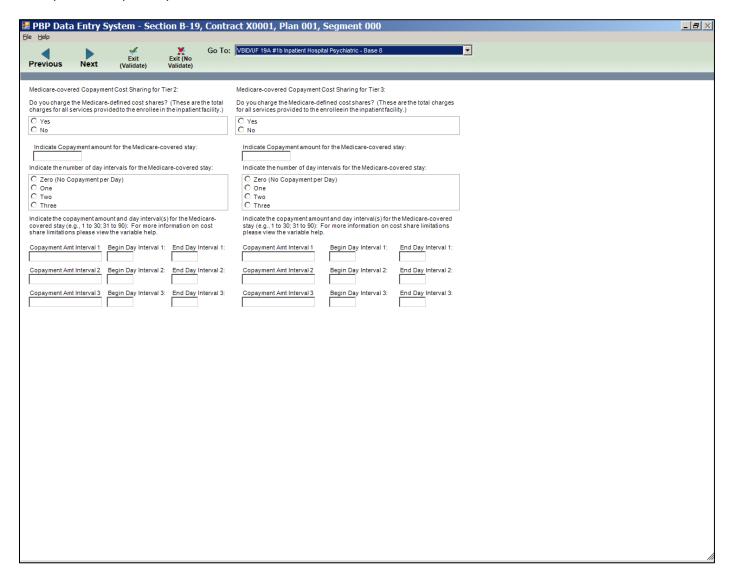


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4		Exit	Exit (No	Go To: VBID/UF 19A #1b Inpatient Hospital Ps	ychiatric - Base 4	
Previous	Next	(Validate)	e) Validate)			
Medicare-co	vered Lifetime	Reserve Days 1	Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3	
Indicate the Medicare-co	number of day vered Lifetime	intervals for the Reserve Days:	В	Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:	Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:	
C Zero (No	Coinsurance	per Day)		C Zero (No Coinsurance per Day) C One	C Zero (No Coinsurance per Day) C One	
O One O Two				O Two	C Two	
O Three				C Three	C Three	
interval(s) fo	coinsurance p r the 60 Medic s (i.e., 1 - 60):	ercentage and d care-covered Life	fay etime	Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):	Indicate the coinsurance percentage and day interval(s) for the 50 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):	
		Interval	ıl Days	Interval Days	Interval Days	
Co	insurance %	Begin Day	End Day	Coinsurance % Begin Day End Day	Coinsurance % Begin Day End Day	
Interval 1:				Interval 1:	Interval 1:	
Interval 2:				Interval 2:	Interval 2:	
Interval 3:				Interval 3:	Interval 3:	

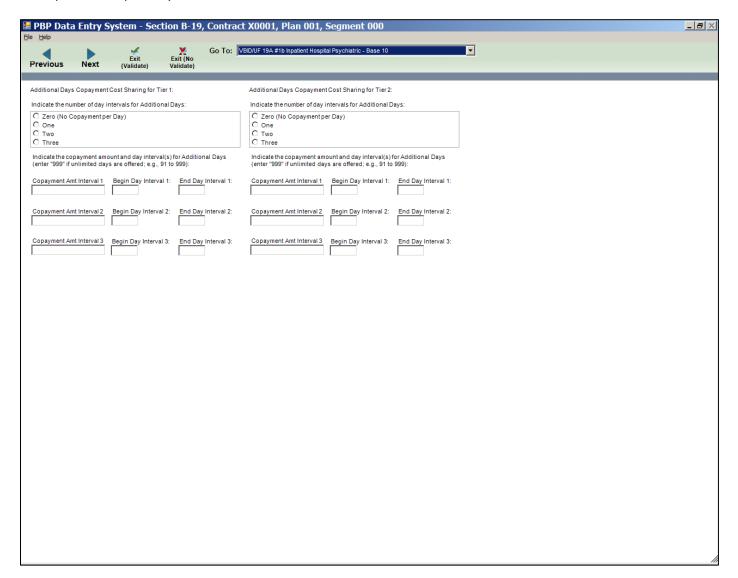
	ta Entry S	System - Se	ction B-19), Contract ን	X0001, Plan 001, Segment 000	_ (a) ×
ile <u>H</u> elp		J.	y .	Go To: VBI	D/UF 19A #1b Inpatient Hospital Psychiatric - Base 5	
Previous	Next	Exit (Validate)	Exit (No Validate)			
Does this plar enrollee obtai	n's Additional D ins care?	ays cost sharing v	ary by hospital((s) in which an	Additional Days Coinsurance Cost Sharing for Tier 2:	
O Yes O No					Indicate the number of day intervals for Additional Days: C Zero (No Coinsurance per Day)	
	cost sharing t	iers do you offer?			C One	
)A/b =4 i=	our lowest cost	#i2			C Two	
C Tier 1	our lowest cost	lier?			Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):	
C Tier 2 C Tier 3						
		e Cost Sharing for	Tier 1:		Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:	
		ntervals for Addition			Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:	
C Zero (No	Coinsurance p		•			
O One O Two					Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:	
C Three						
Indicate the	coinsurance p	ercentage and day ed days are offere	rinterval(s) for A	Additional 9):		
		Begin Day Interva				
Comsulance	e 76 III.Lei Vali I	Degin Day interva	I I. Liid Day ii	itervar i.		
Coinsurance	e % Interval 2	Begin Day Interva	12: End Day In	nterval 2:		
		,				
Coinsurance	e % Interval 3	Begin Day Interva	13: End Day In	nterval 3:		
	I					

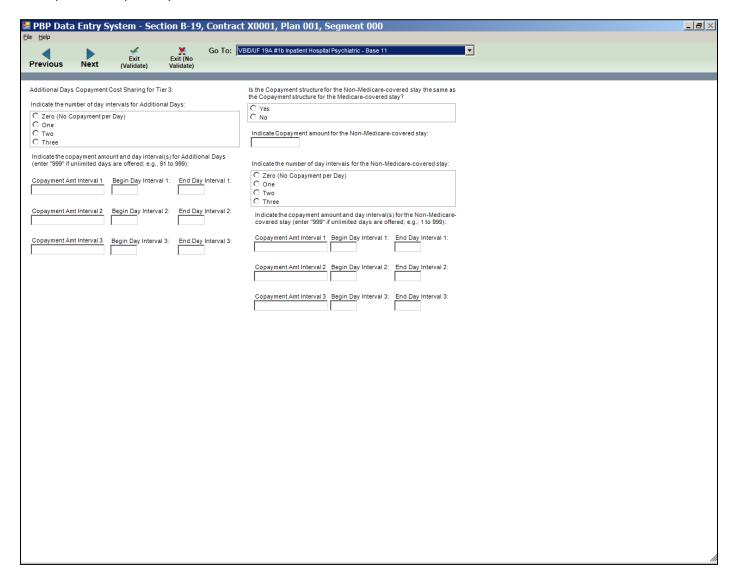


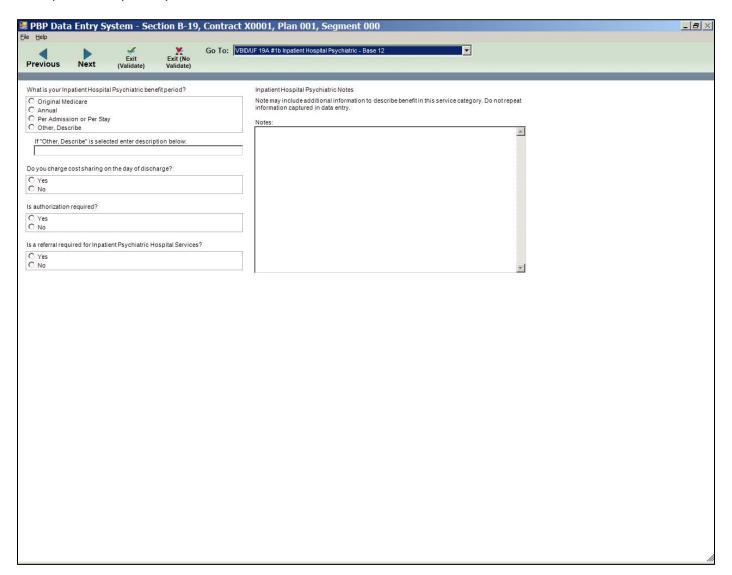


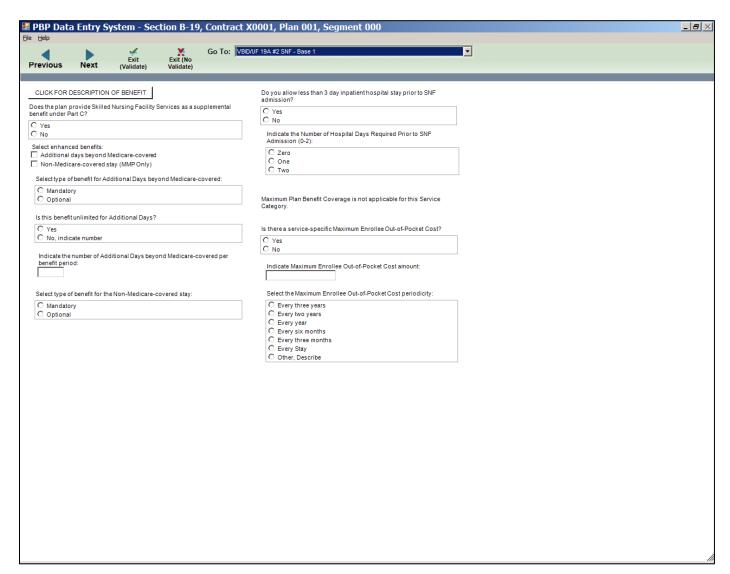


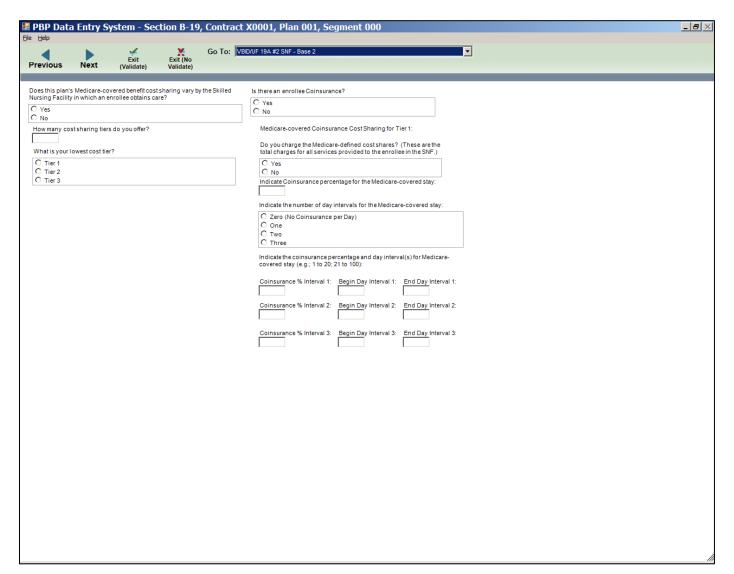
⊞ PBP D	ata Entry	System	- Section B	3-19, Contract X0001, Plan 001, Segi	nent 000	_ 5 X	
<u>File</u> <u>H</u> elp							
•		Exit		Go To: VBID/UF 19A #1b Inpatient Hospital Psyc	hiatric - Base 9		
Previous	s Next	(Valida	ite) Valida	ate)			
Medicare-o	overed Lifetime	Reserve Day	s Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3		
Indicate th covered Li	e number of day fetime Reserve (intervals for t Days:	he Medicare-	Indicate the number of day intervals for the Medicare- covered Lifetime Reserve Days:	Indicate the number of day intervals for the Medicare- covered Lifetime Reserve Days:		
C Zero (N	lo Copayment p	er Day)		C Zero (No Copayment per Day)	C Zero (No Copayment per Day)		
C One C Two				O One O Two	C One C Two		
C Three				C Three	O Three		
Indicate the for the 60 M (i.e., 1 - 60)	e copayment am Medicare-covere :	ount and day ed Lifetime Re	interval(s) serve Days	Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):	Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):		
		Inten	val Days	Interval Days	Interval Days		
	Copay Amount	Begin Day	End Day	Copay Amount Begin Day End Day	Copay Amount Begin Day End Day		
Interval 1:				Interval 1:	Interval 1:		
Interval 2:				Interval 2:	Interval 2:		
Interval 3:				Interval 3:	Interval 3:		
l							

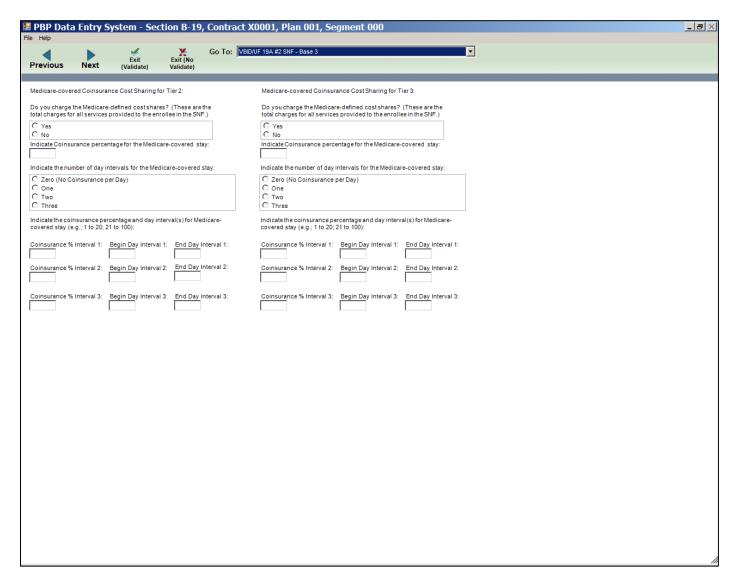




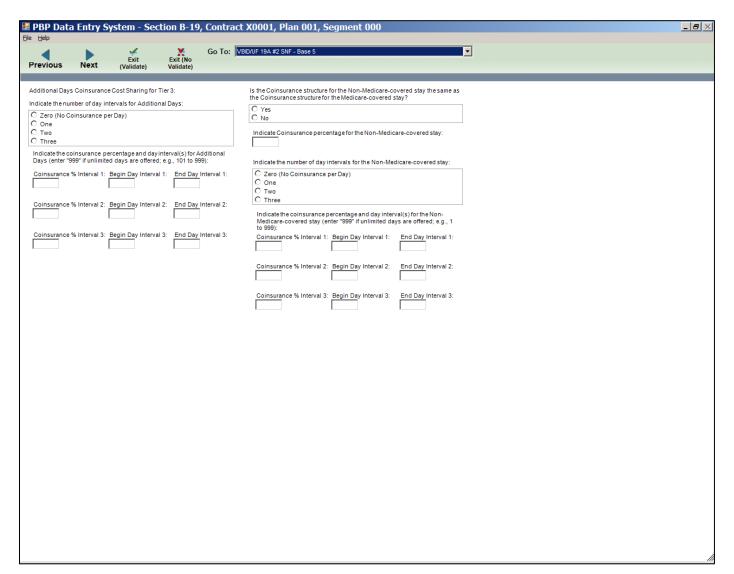


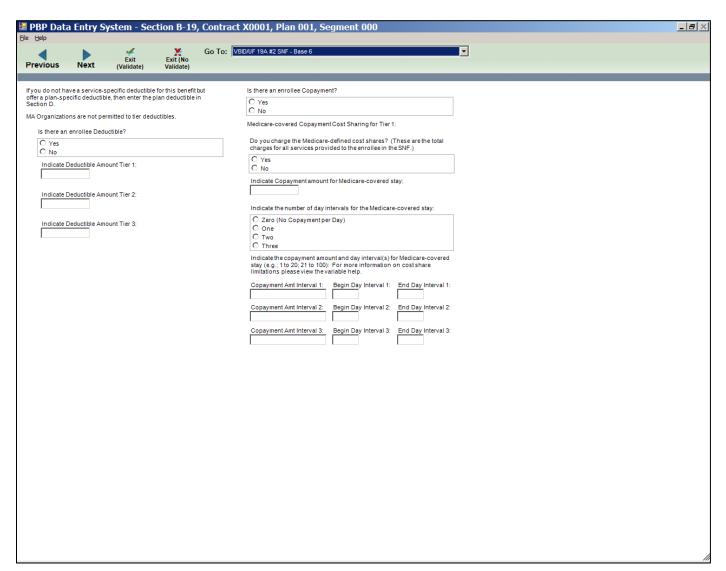


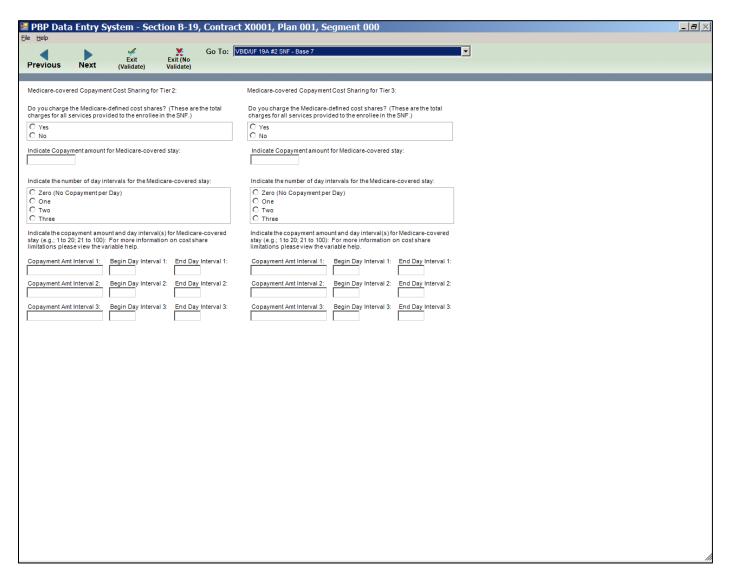


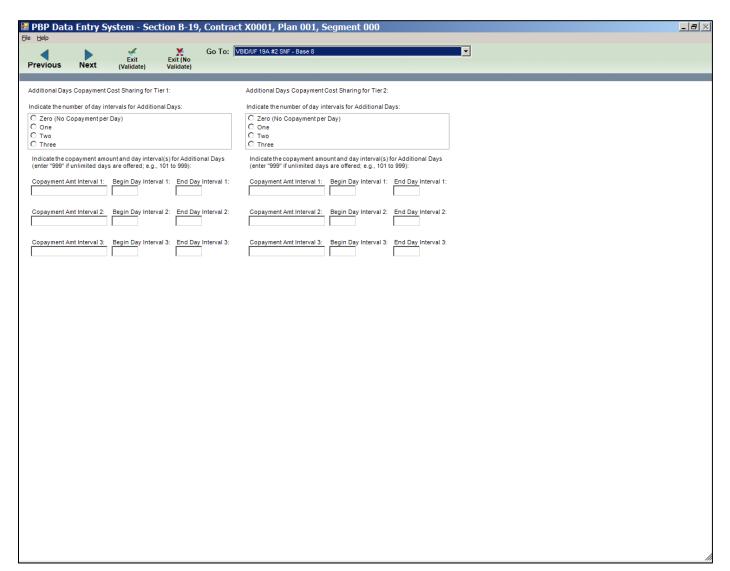


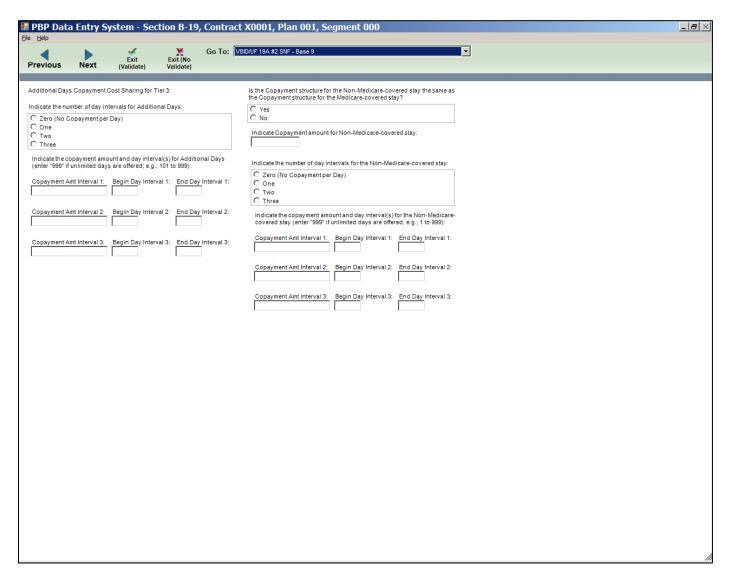
BPBP Data Entry System - Section B-19, Contract	X0001, Plan 001, Segment 000	_ B X
File Help ✓ ✓ Go To: VB	D/UF 19A #2 SNF - Base 4 ▼	
Exit Exit (No Previous Next (Validate) Validate)		
Previous Next (Validate) Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care? C Yes C No How many cost sharing tiers do you offer? What is your lowest cost tier? C Tier 1 C Tier 2 C Tier 2 C Tier 3 Additional Days Coinsurance Cost Sharing for Tier 1: Indicate the number of day intervals for Additional Days: C Zero (No Coinsurance per Day) C One	Additional Days Coinsurance Cost Sharing for Tier 2: Indicate the number of day intervals for Additional Days: C Zero (No Coinsurance per Day) C One C Two C Three Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999): Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1: Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:	
C Two C Three Indicate the coinsurance percentage and day interval(s) for Additional Days (enter '999' if unlimited days are offered; e.g., 101 to 999): Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1: Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2: Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:	Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:	

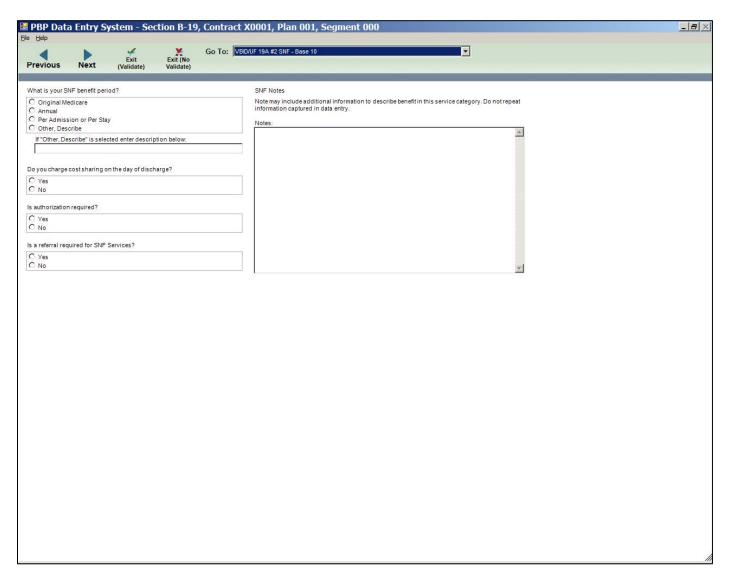




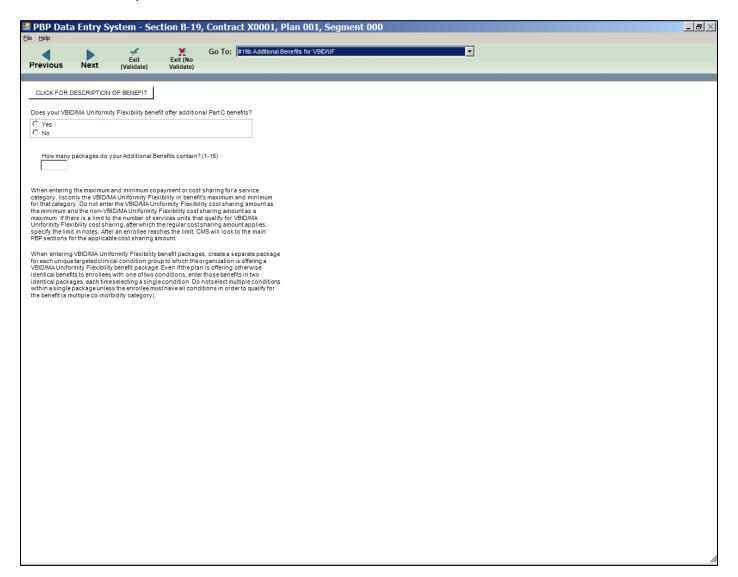




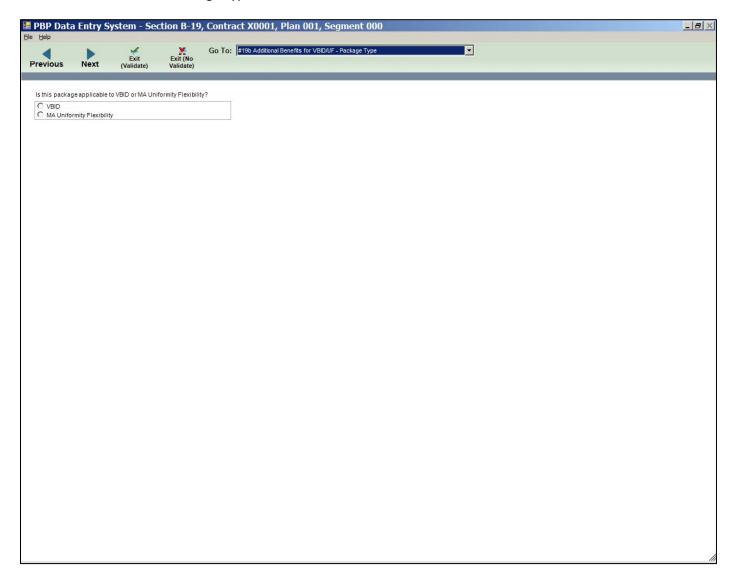




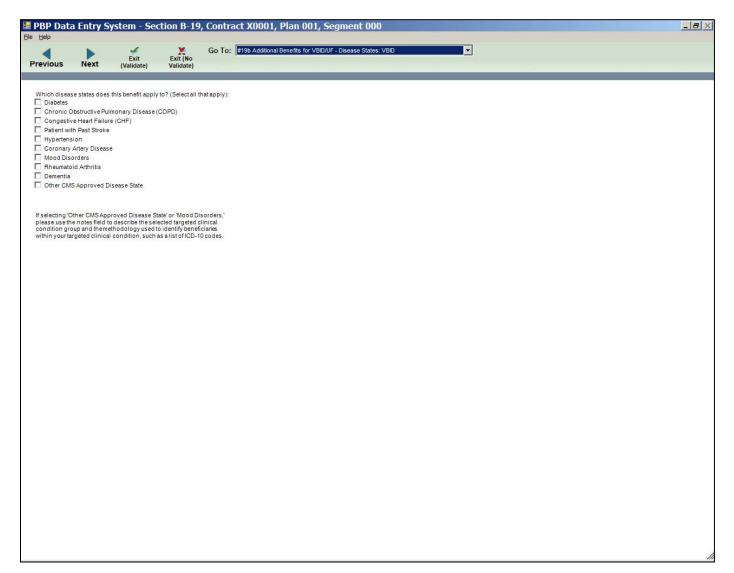
#19b Additional Benefits for VBID/UF



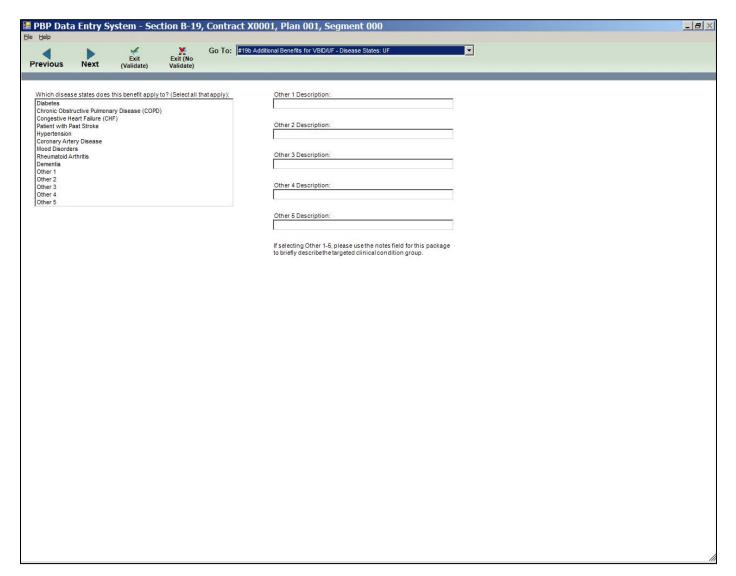
#19b Additional Benefits for VBID/UF - Package Type



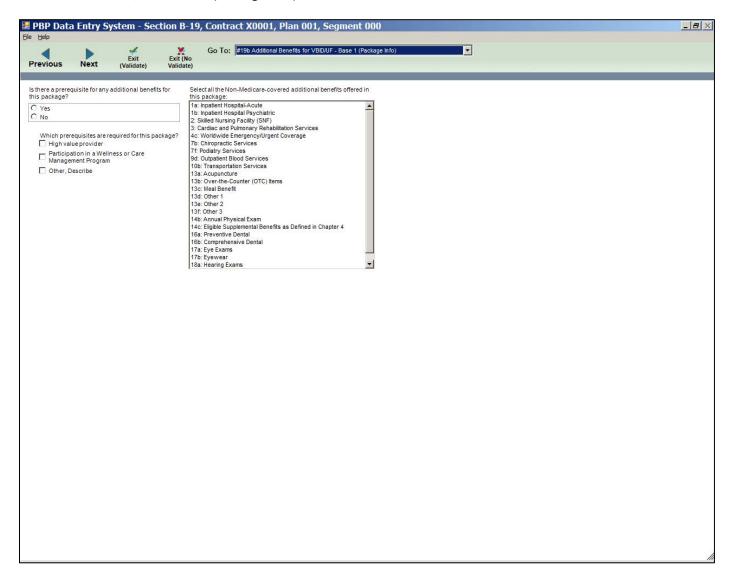
#19b Additional Benefits for VBID/UF - Disease States: VBID



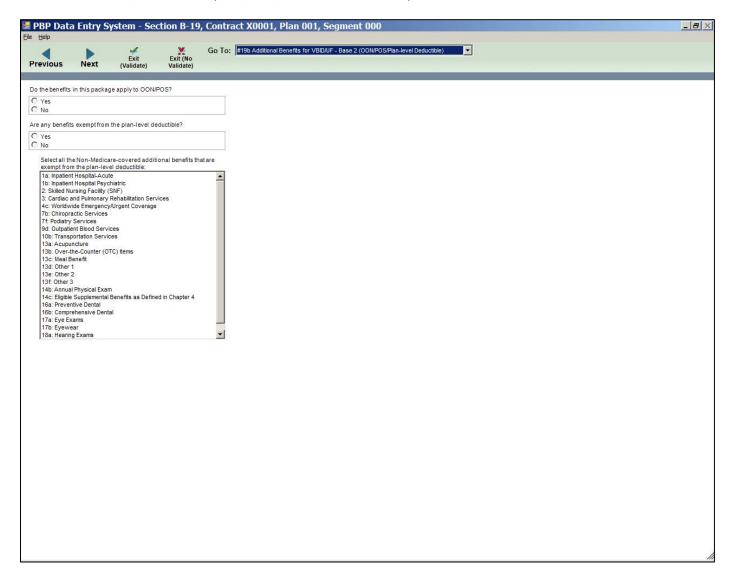
#19b Additional Benefits for VBID/UF - Disease States: UF



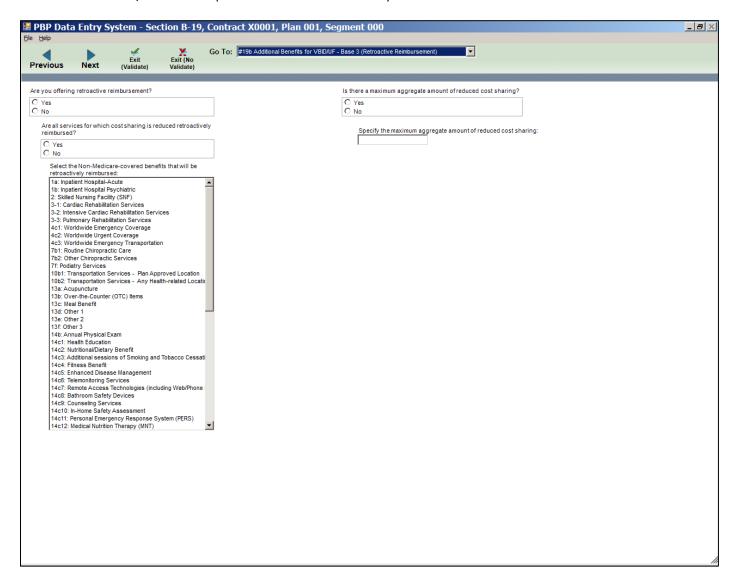
#19b Additional Benefits for VBID/UF - Base 1 (Package Info)



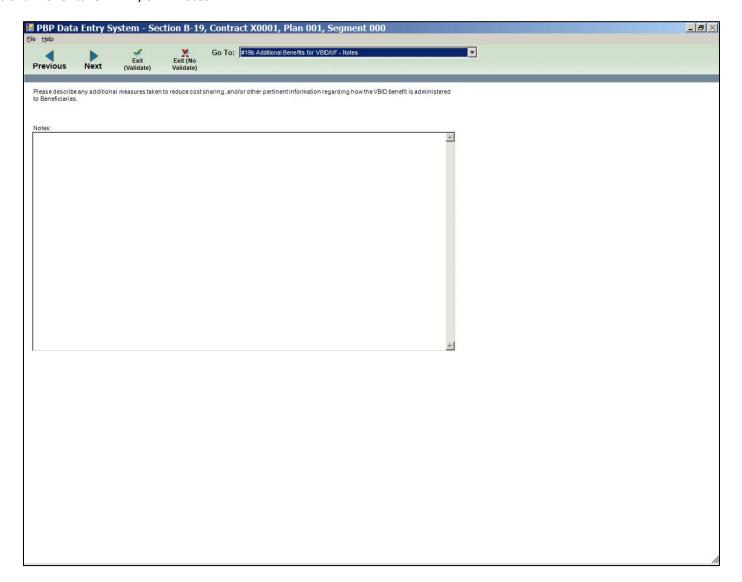
#19b Additional Benefits for VBID/UF - Base 2 (OON/POS/Plan-level Deductible)

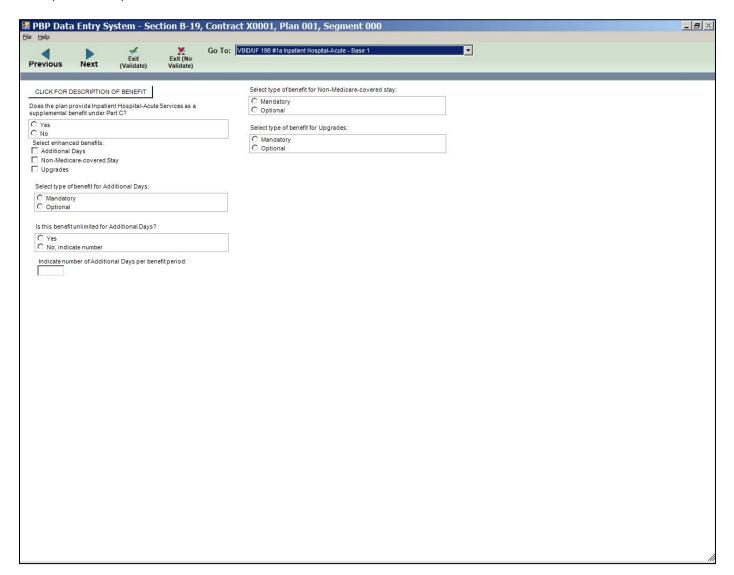


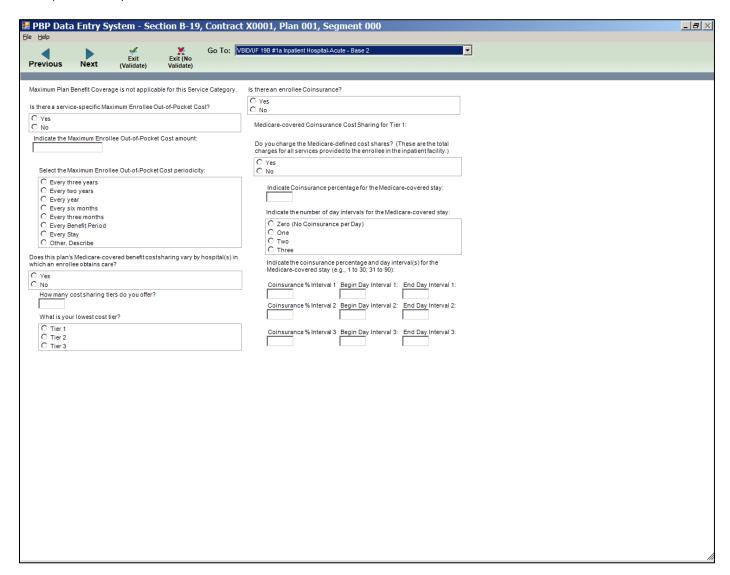
#19b Additional Benefits for VBID/UF - Base 3 (Retroactive Reimbursement)

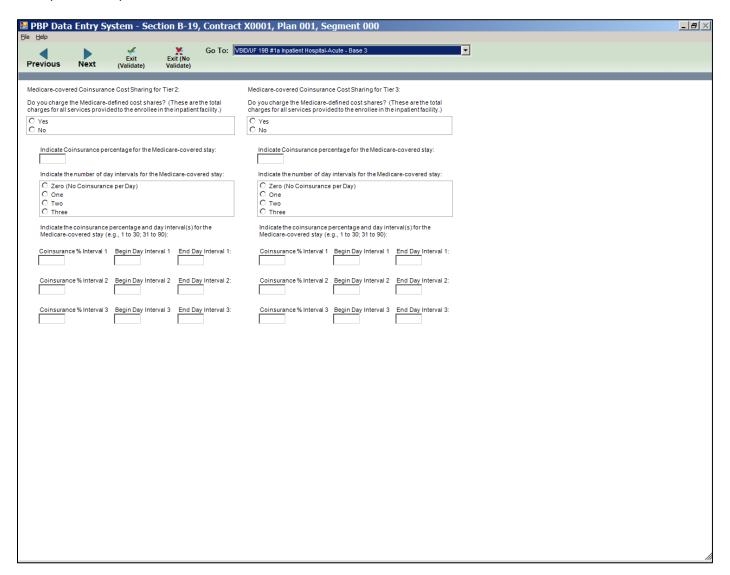


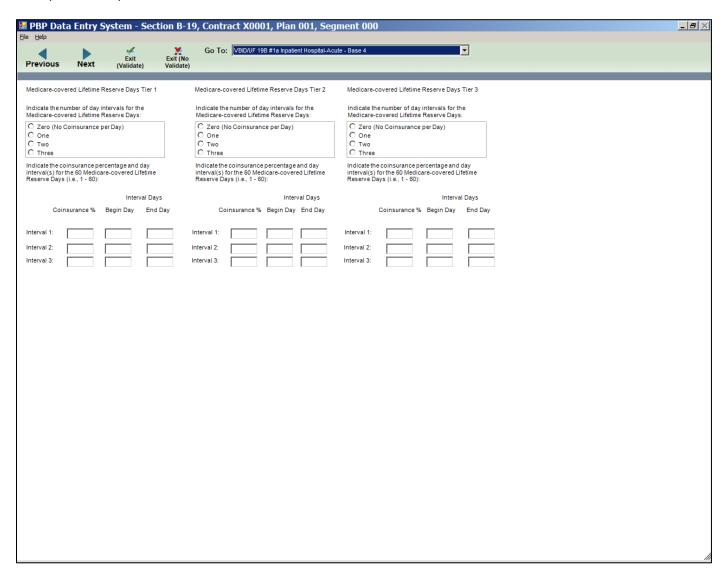
#19b Additional Benefits for VBID/UF - Notes

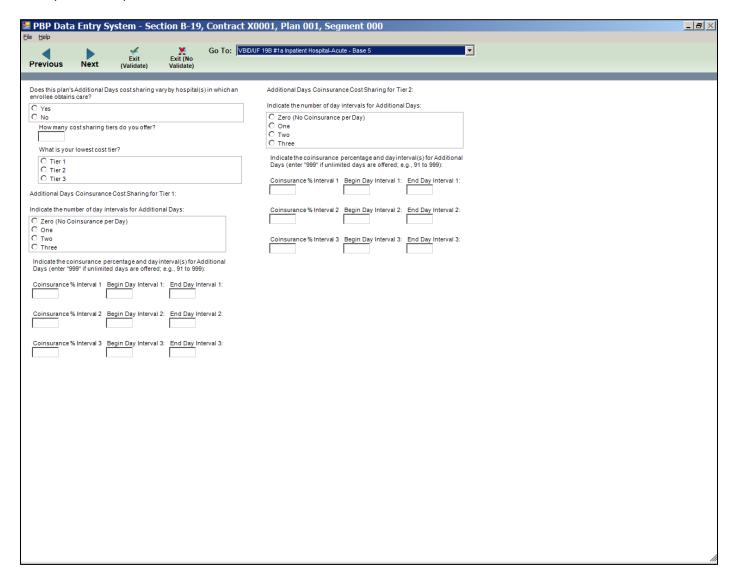


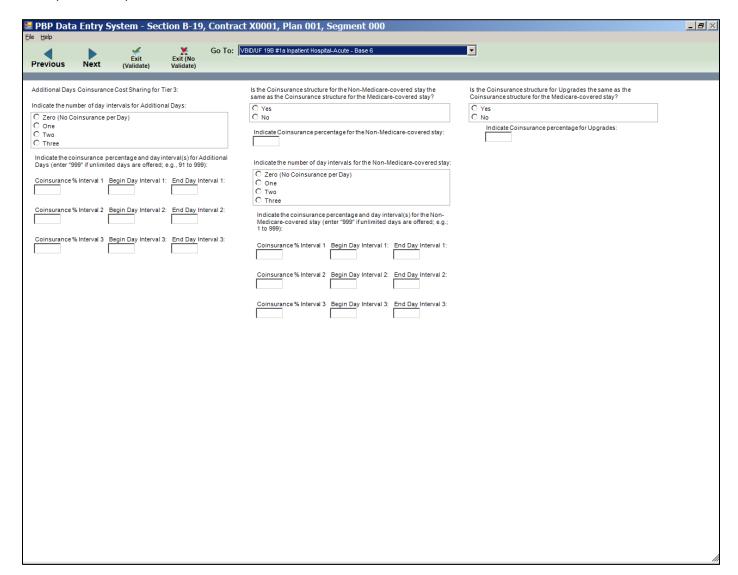


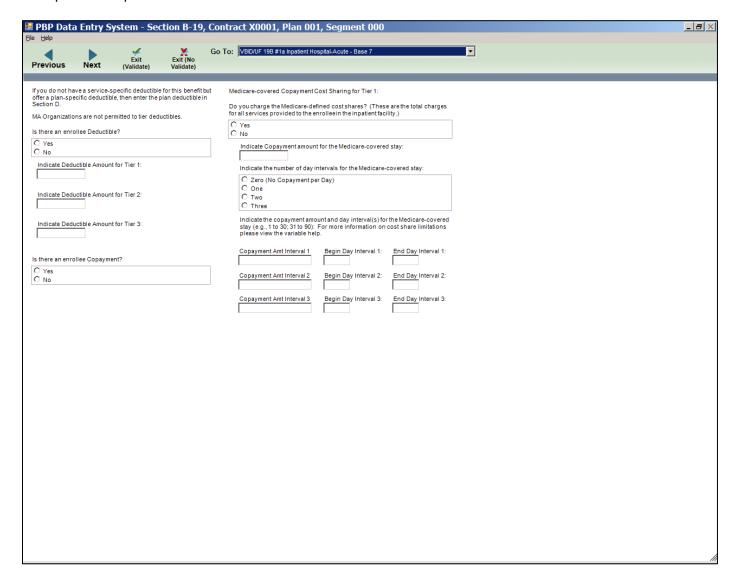




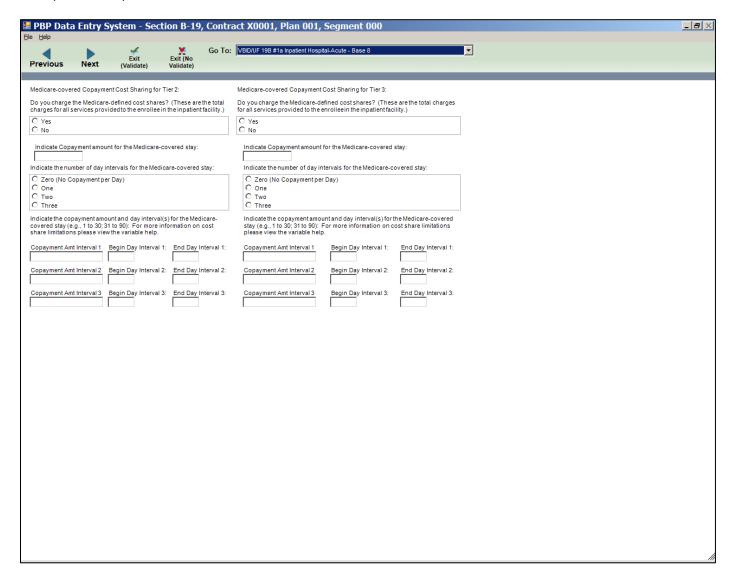




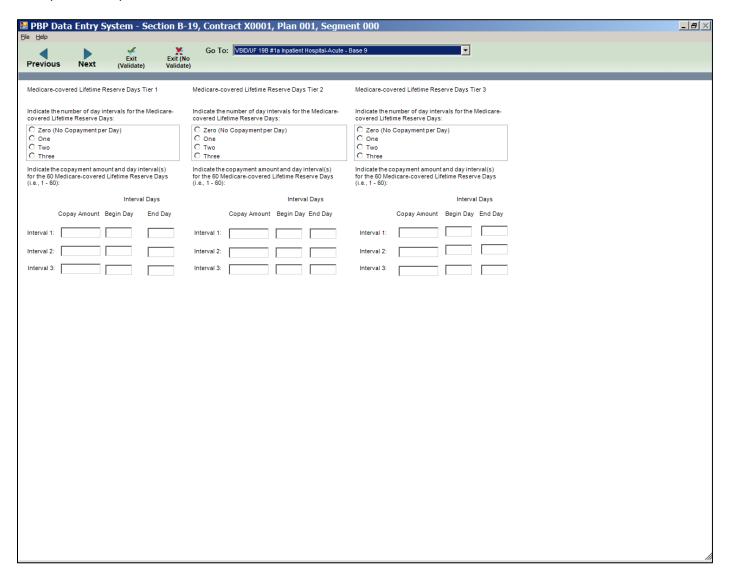




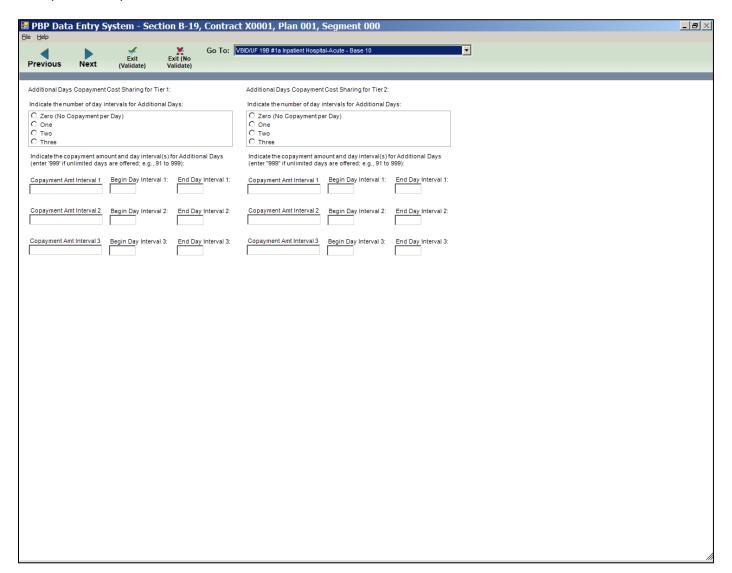
VBID/UF 19B #1a Inpatient Hospital-Acute - Base 8



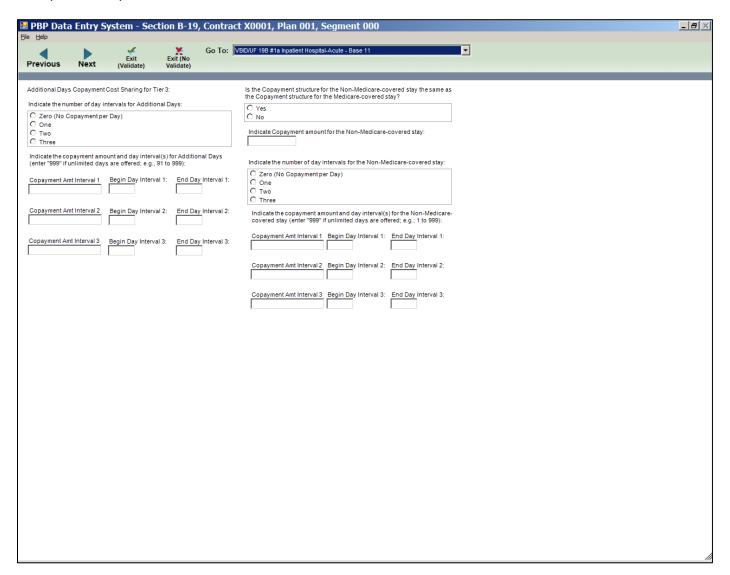
VBID/UF 19B #1a Inpatient Hospital-Acute - Base 9



VBID/UF 19B #1a Inpatient Hospital-Acute – Base 10

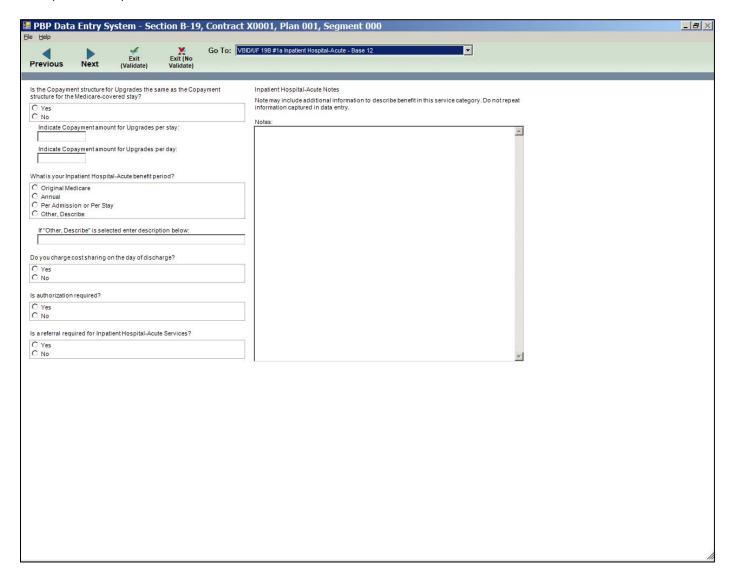


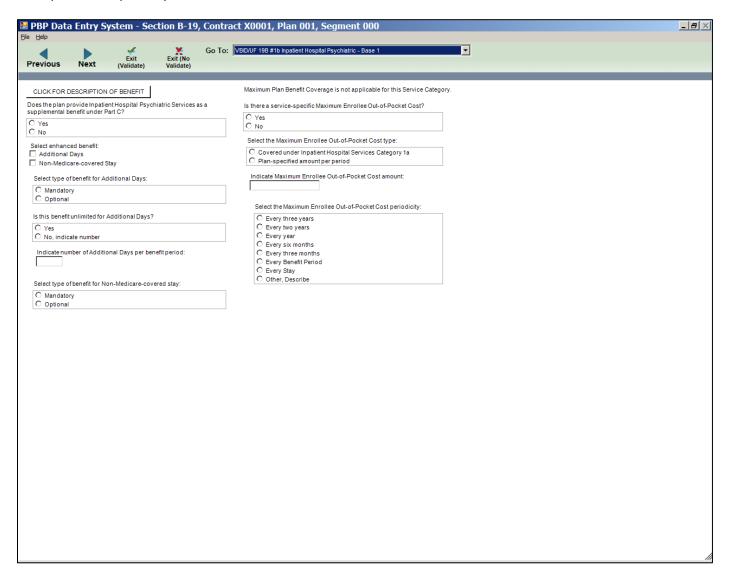
VBID/UF 19B #1a Inpatient Hospital-Acute - Base 11

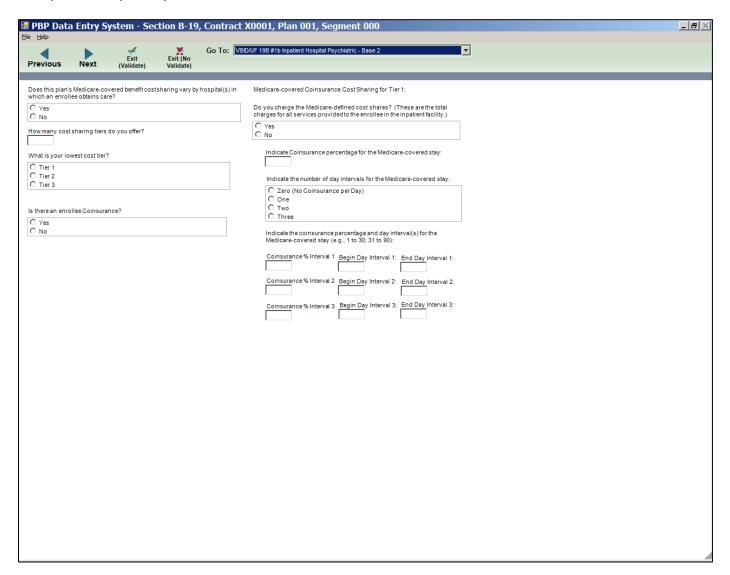


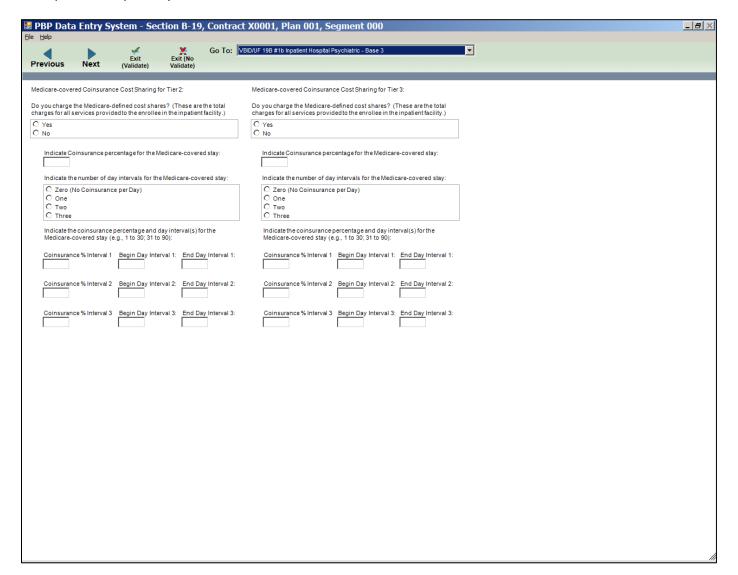
Page 76 of 178

VBID/UF 19B #1a Inpatient Hospital-Acute – Base 12

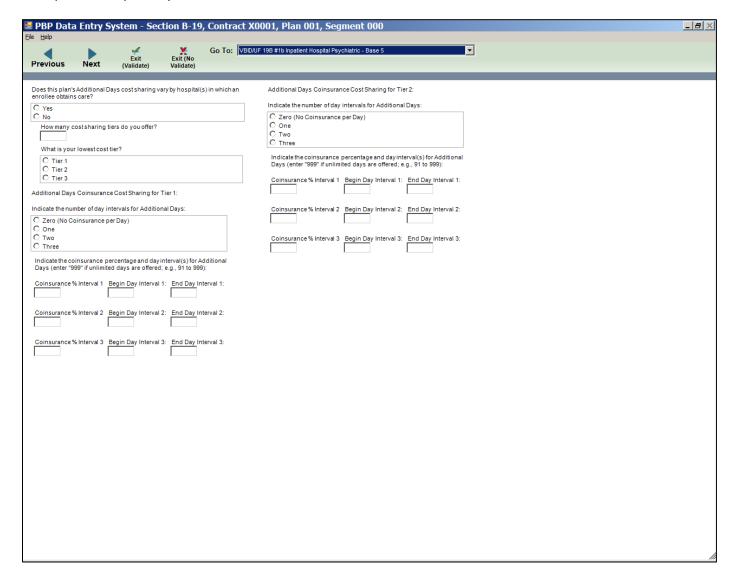


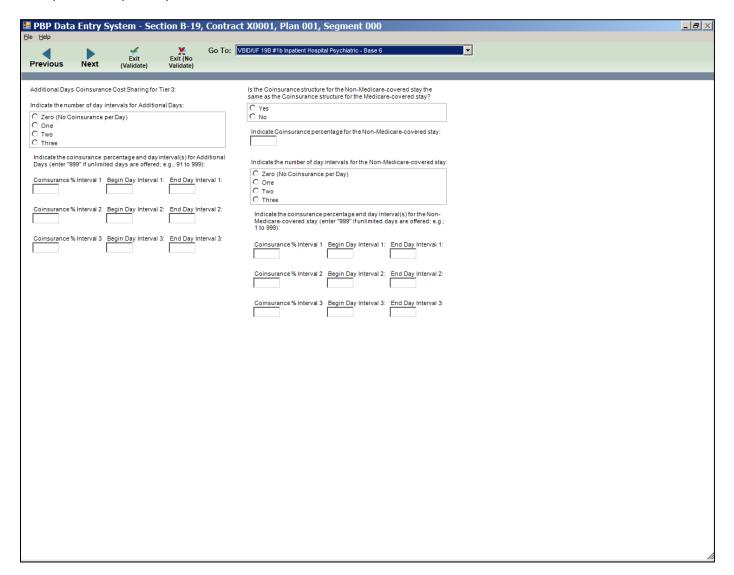


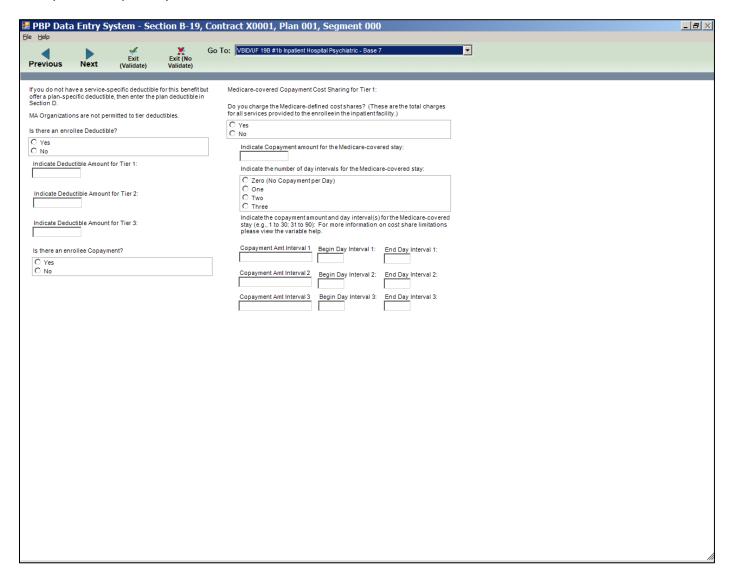


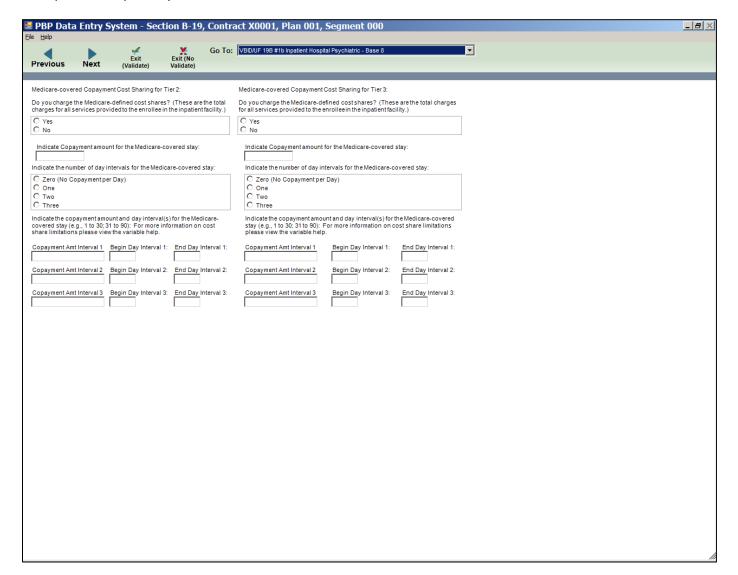


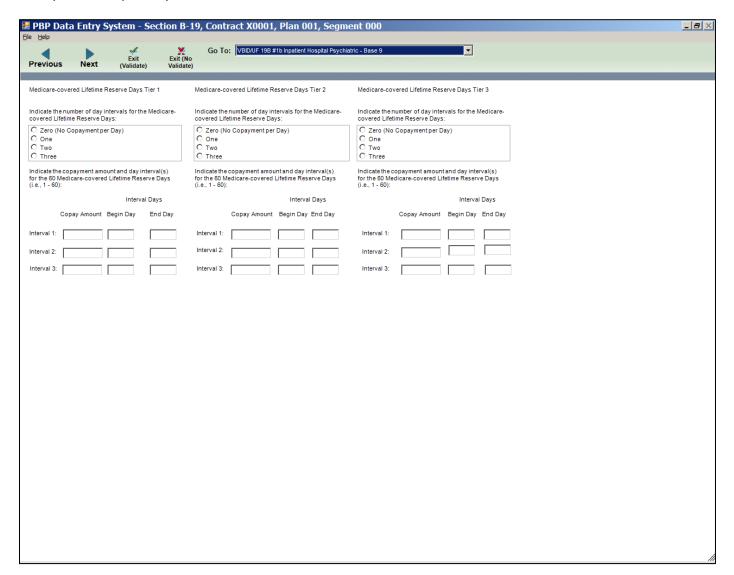
■ PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000								
File Help								
4		Exit	Exit (No	Go To: VBID/UF 19B #1b Inpatient Hospital Ps	ychiatric - Base 4			
Previous	Next	(Validate	e) Validate)					
Medicare-co	vered Lifetime	Reserve Days	Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3			
Indicate the Medicare-co	number of day vered Lifetime	intervals for the Reserve Days:	e	Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:	Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:			
C Zero (No	Coinsurance	per Day)		C Zero (No Coinsurance per Day) C One	C Zero (No Coinsurance per Day) C One			
O One O Two				C Two	C Two			
C Three				C Three	C Three			
interval(s) fo	coinsurance pe r the 60 Medic 's (i.e., 1 - 60):	ercentage and o are-covered Lif	day fetime	Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):	Indicate the coinsurance percentage and day interval(s) for the 60 Mediare-covered Lifetime Reserve Days (i.e., 1 - 60):			
		Interva	al Days	Interval Days	Interval Days			
Co	insurance %	Begin Day	End Day	Coinsurance % Begin Day End Day	Coinsurance % Begin Day End Day			
Interval 1:				Interval 1:	Interval 1:			
Interval 2:				Interval 2:	Interval 2:			
Interval 3:				Interval 3:	Interval 3:			

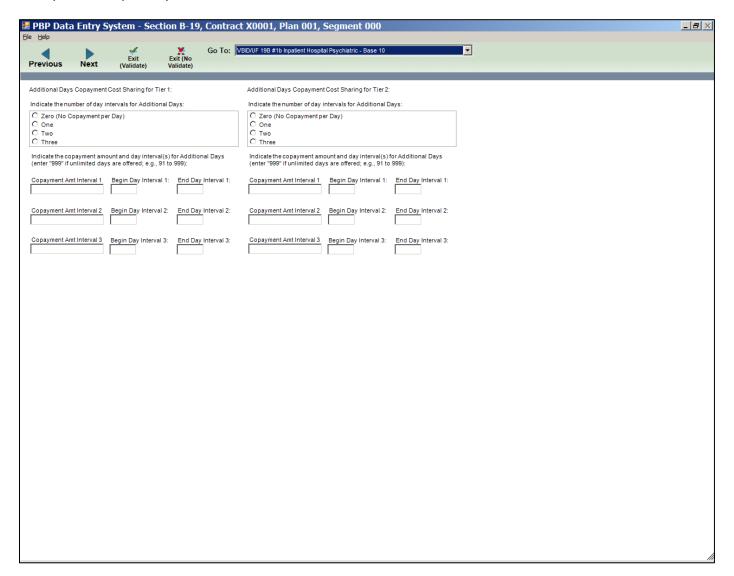


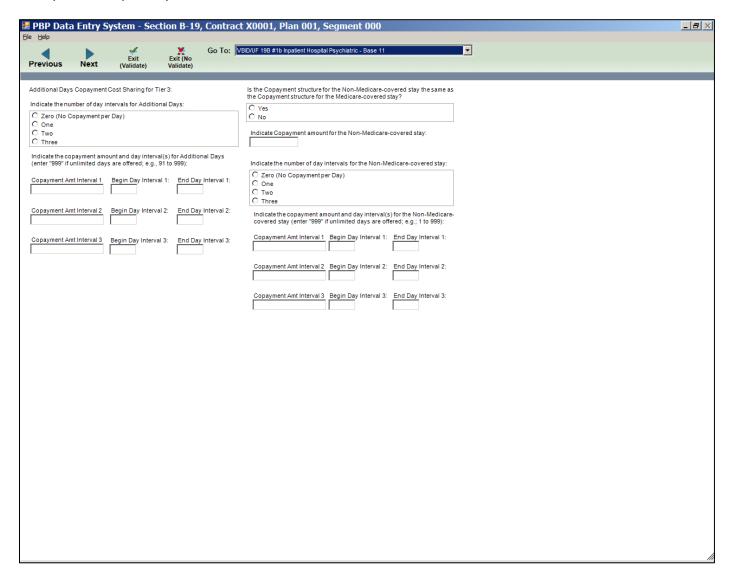


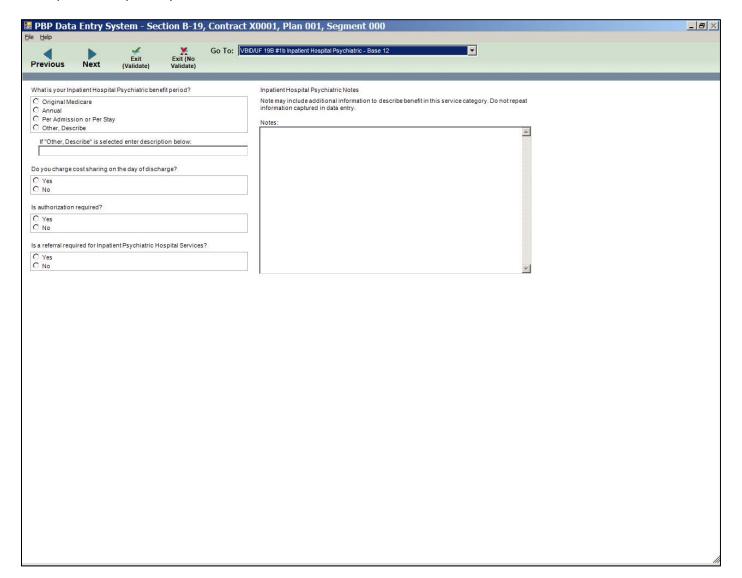


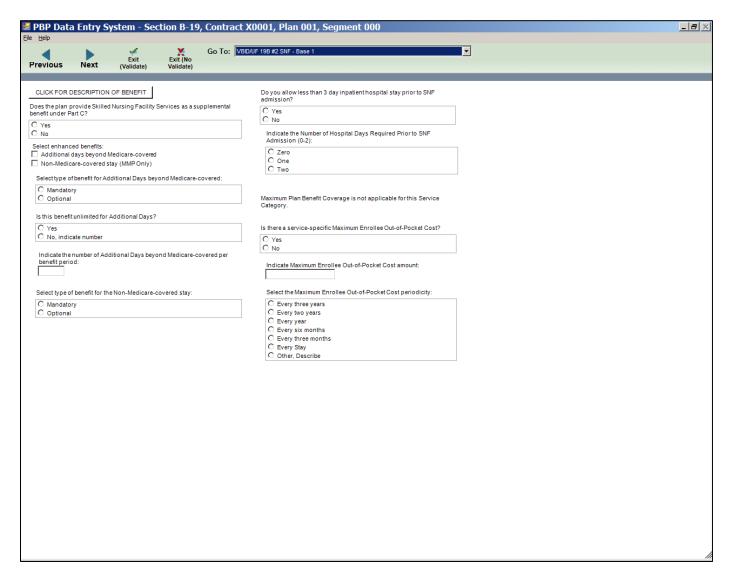


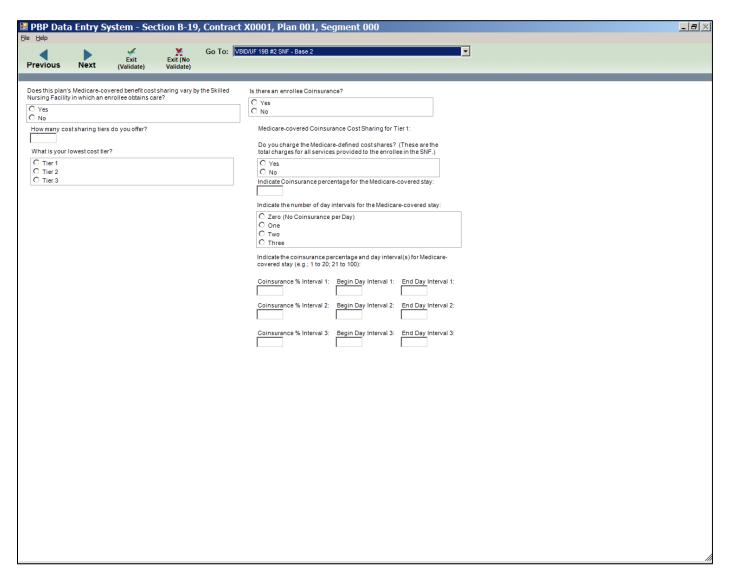


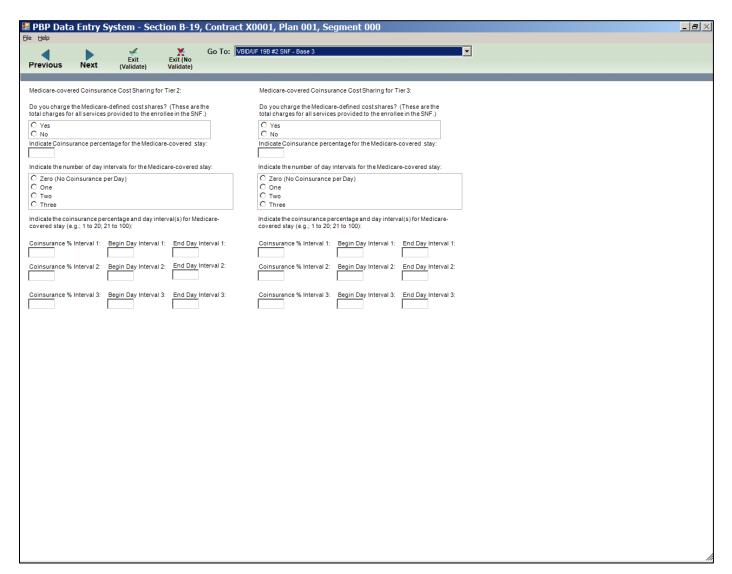


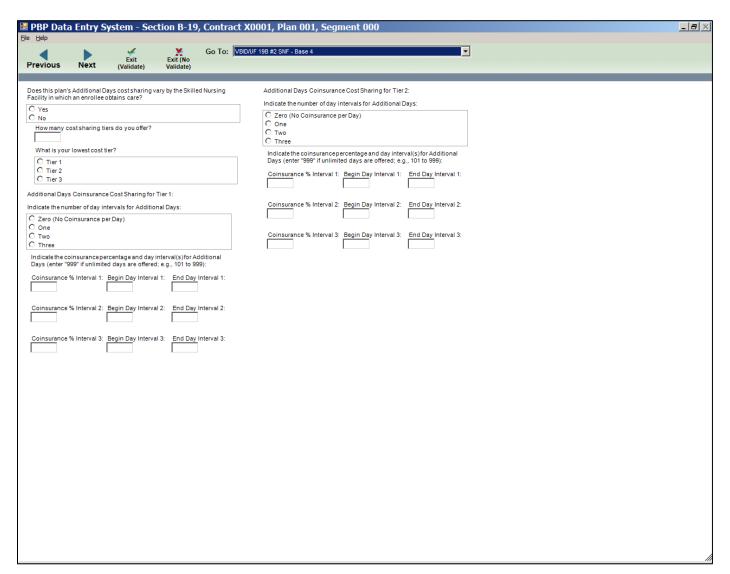


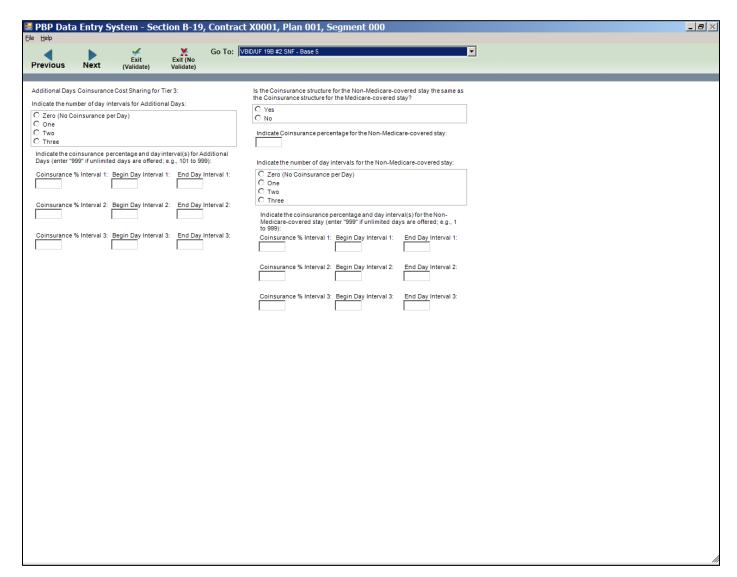


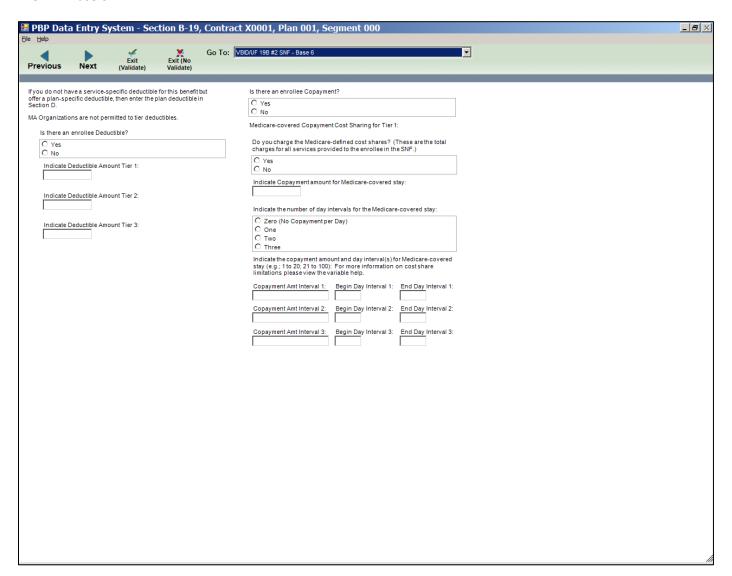


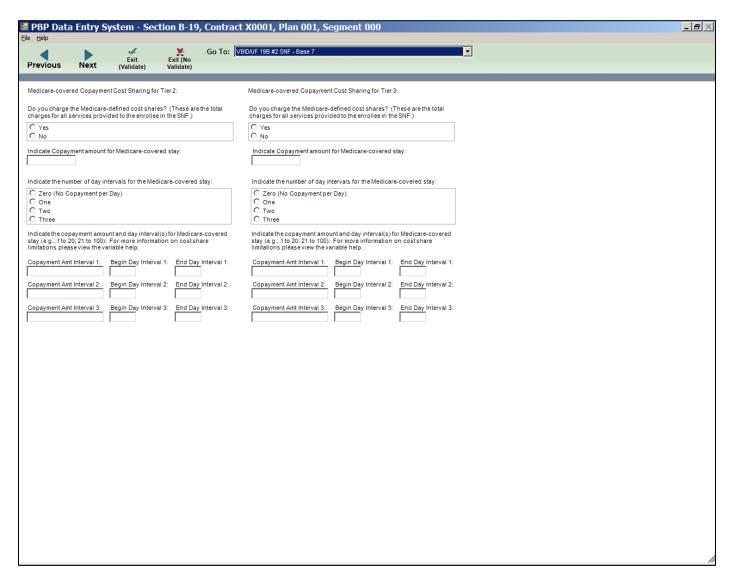


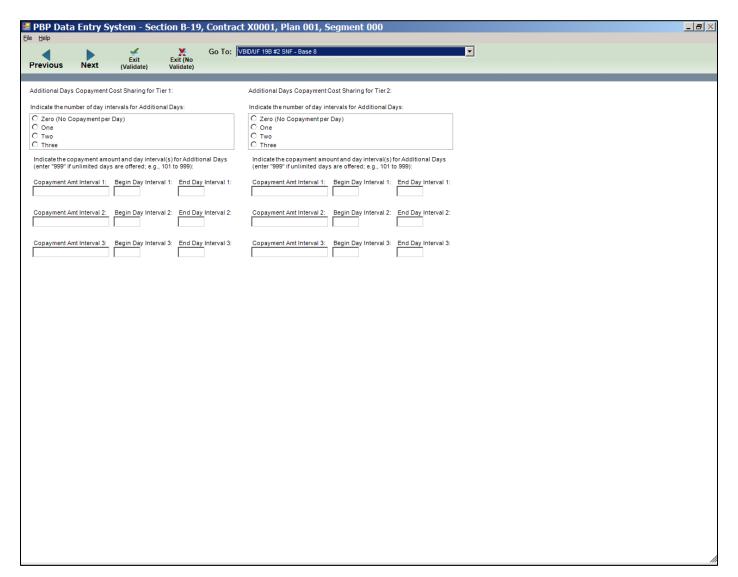




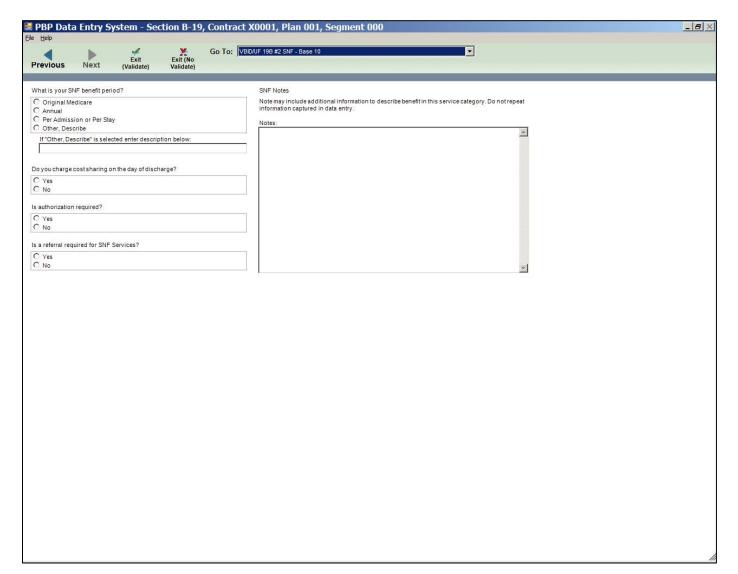








■ PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000					
File <u>H</u> elp					
	VBID/UF 19B #2 SNF - Base 9 ▼				
Previous Next (Validate) Validate)					
Additional Days Copayment Cost Sharing for Tier 3:	Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?				
Indicate the number of day intervals for Additional Days:	C Yes				
C Zero (No Copayment per Day)	C No				
C One C Two	Indicate Copayment amount for Non-Medicare-covered stay:				
C Three					
Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):	Indicate the number of day intervals for the Non-Medicare-covered stay:				
Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:	C Zero (No Copayment per Day)				
Copayment Amt Interval 1. Begin Day Interval 1. End Day Interval 1.	C One C Two				
	O Three				
Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:	Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):				
Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:	Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:				
	Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:				
	Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:				



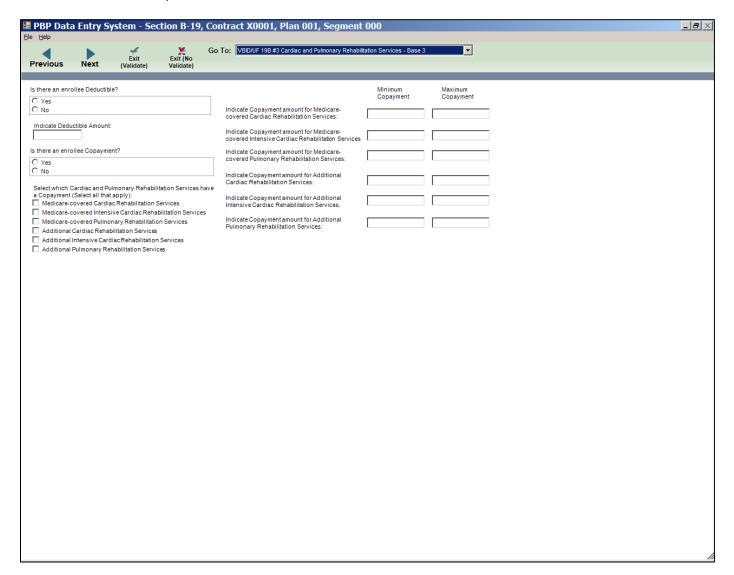
VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 1

	ta Entry S	ystem - Se	ction B-19), Contrac	t X0001, Plan 001, Segment 000	_ B X
File Help		4	~	Go To:	BID/UF 198 #3 Cardiac and Pulmonary Rehabilitation Services - Base 1	
Previous	Next	Exit (Validate)	Exit (No Validate)	G0 10. j	biblion 190 #9 Cardiac and Fullinomaly increasing activities - base 1	
CLICK FOR	DESCRIPTION	OF BENEFIT			Is this benefit unlimited for Additional Intensive Cardiac Rehabilitation Services?	
Does the plan	provide Cardi benefit under F	ac and Pulmonar	y Rehabilitation :	Services as a	O Yes	
O Yes	Derient under i	-ait O:			C No, indicate number	
C No					Indicate number of visits for Additional Intensive Cardiac Rehabilitation Services:	
☐ Addition		abilitation Service				
		rdiacRehabilitatio ehabilitation Sen			Select the Additional Intensive Cardiac Rehabilitation Services periodicity: C Every three years	
		Iditional Cardiac		ervices:	C Every two years	
C Mandato					C Every year C Every six months	
Optiona Is this benefi		Additional Cardia	c Rehabilitation	Services?	C Every three months C Other, Describe	
O Yes						
C No, indi					Select type of benefit for Additional Pulmonary Rehabilitation Services: O Mandatory	
Indicat	te number of vis	its for Additional	Cardiac Rehabil	litation Services	C Optional	
Sel	ect the Addition	nal Cardiac Rehab	ilitation Service	s periodicity:	Is this benefit unlimited for Additional Pulmonary Rehabilitation Services?	
	Every three ye				C Yes C No, indicate number	
	Every two year Every year	rs			Indicate number of visits for Additional Pulmonary Rehabilitation Services:	
	Every six mon Every three mo					
	Other, Describ				Select the Additional Pulmonary Rehabilitation Services periodicity:	
		ditional Intensive	Cardiac Rehabi	litation Service	C Every three years C Every two years	
C Mandato C Optional	C Mandatory				C Every year	
- Ориона					C Every six months C Every three months	
					C Other, Describe	

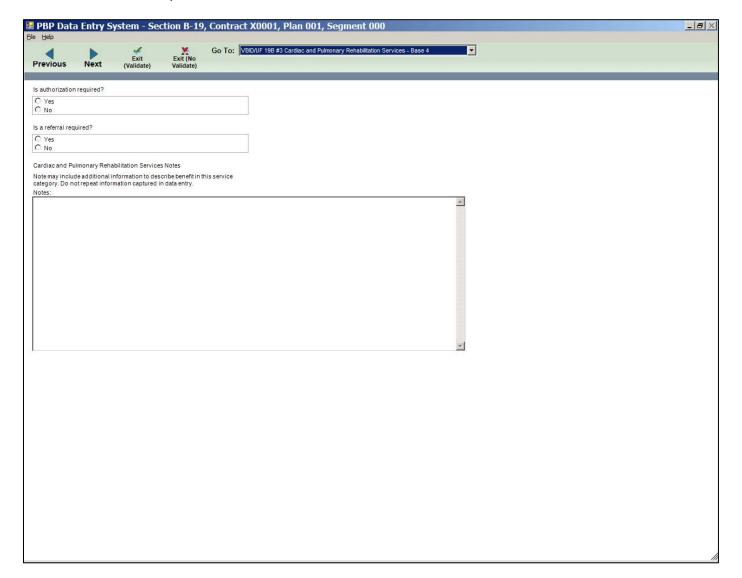
VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 2

■ PBP Data Entry System - Section B-19, Contra	ct X0001, Plan 001, Segment 000				_ B ×
File Help					
✓ ¥ Go To:	VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Se	rvices - Base 2	T.		
_ Exit Exit (No	V DIDIOT 130 #3 Cardiac and Familionary Remadilization 30	111003 - 5430 2			
Previous Next (Validate) Validate)					
Maximum Plan Benefit Coverage is not applicable for this Service Category	Select which Cardiac and Pulmonary Rehabilitation	Services have a	1		
	Coinsurance (Select all that apply):				
Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?	☐ Medicare-covered Cardiac Rehabilitation Services ☐ Medicare-covered Intensive Cardiac Rehabilitation Services				
O Yes	Medicare-covered Pulmonary Rehabilitation Services				
C No	Additional Cardiac Rehabilitation Services				
Indicate Maximum Enrollee Out-of-Pocket Cost amount:	Additional Intensive Cardiac Rehabilitation Services				
	Additional Pulmonary Rehabilitation Services				
		Minimum	Maximum		
Select Maximum Enrollee Out-of-Pocket Cost periodicity:		Coinsurance	Coinsurance		
C Every three years	Indicate Coinsurance percentage for Medicare-				
C Every two years	covered Cardiac Rehabilitation Services:				
C Every year	Indicate Coinsurance percentage for Medicare-				
C Every six months C Every three months	covered Intensive Cardiac Rehabilitation Services:				
O Other, Describe	Indicate Coinsurance percentage for Medicare-				
You must include total cost sharing to the beneficiary, including any	covered Pulmonary Rehabilitation Services:				
facility cost sharing. If you have a variety of cost sharing, please utilize	Indicate Coinsurance percentage for Additional				
the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.	Cardiac Rehabilitation Services:				
2 2 21 2	Indicate Coinsurance percentage for Additional				
Is there an enrollee Coinsurance?	Intensive Cardiac Rehabilitation Services:				
C Yes	Indicate Coinsurance percentage for Additional				
C No	Pulmonary Rehabilitation Services:				
					,

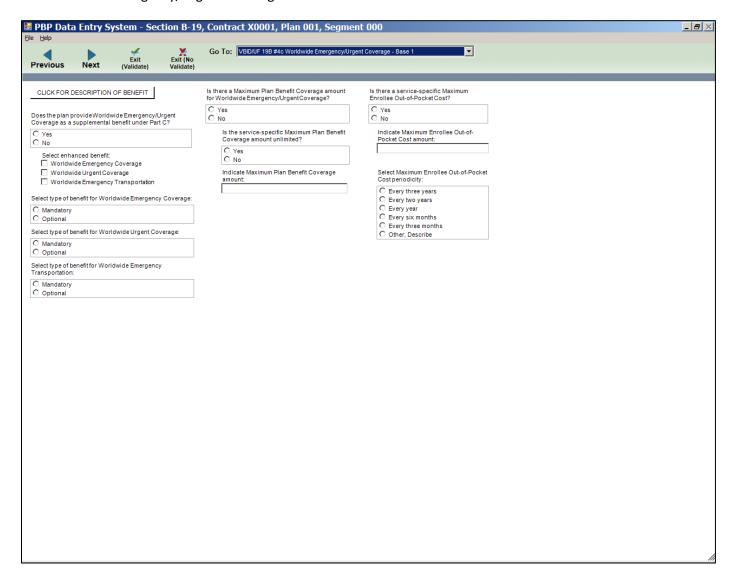
VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 3



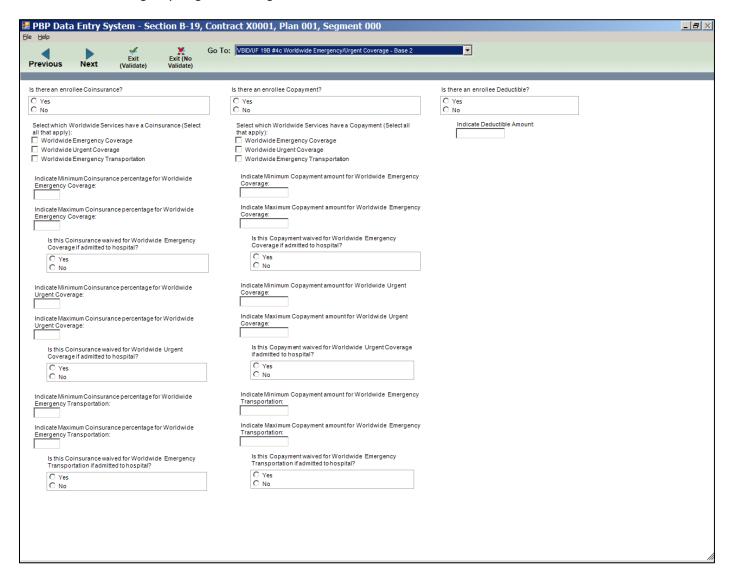
VBID/UF 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 4



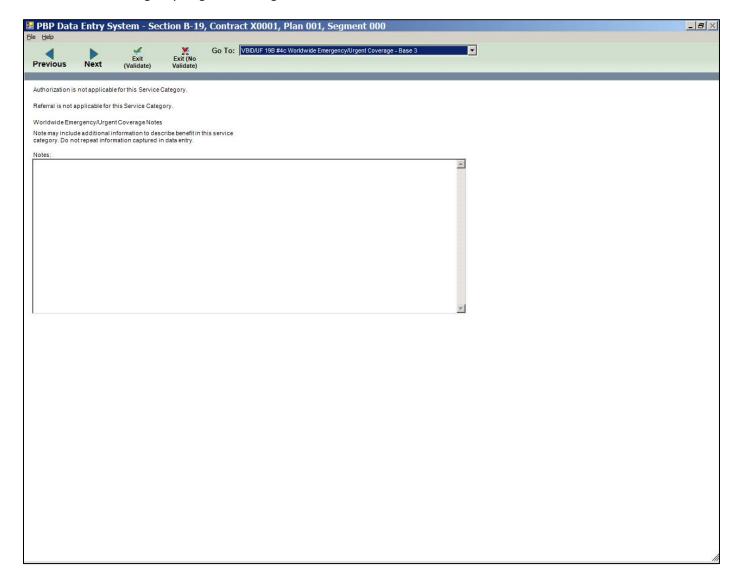
VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage - Base 1



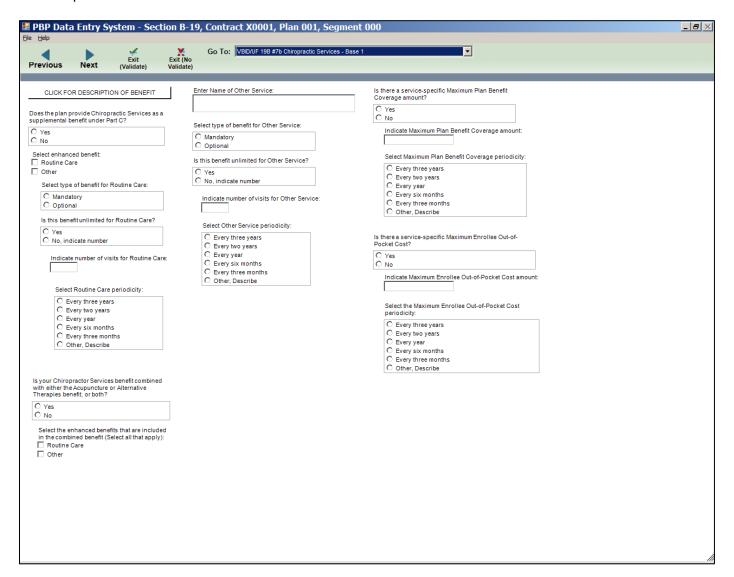
VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage – Base 2



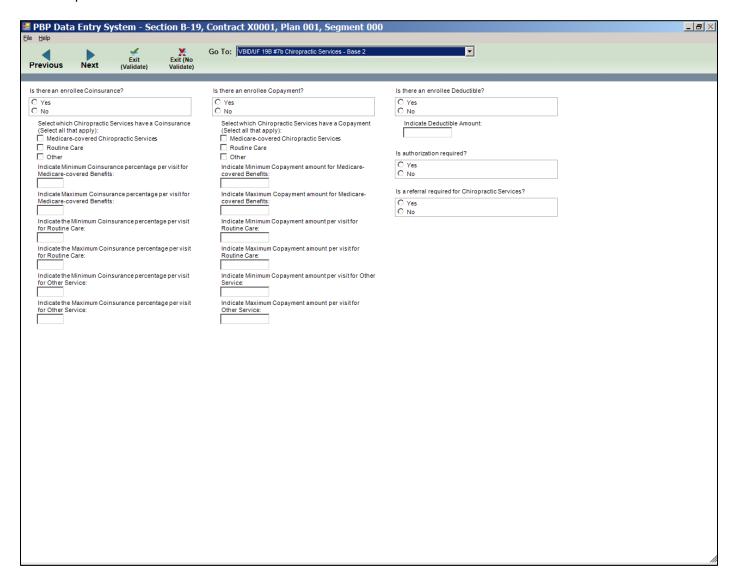
VBID/UF 19B #4c Worldwide Emergency/Urgent Coverage - Base 3



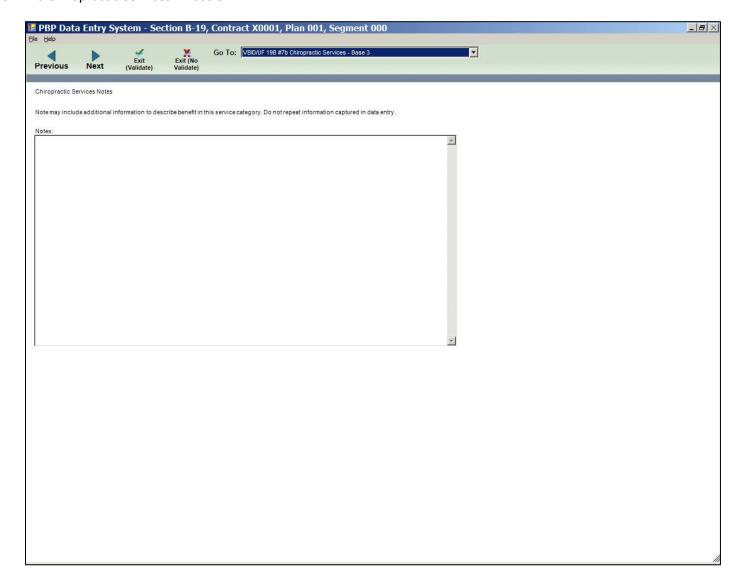
VBID/UF 19B #7b Chiropractic Services – Base 1



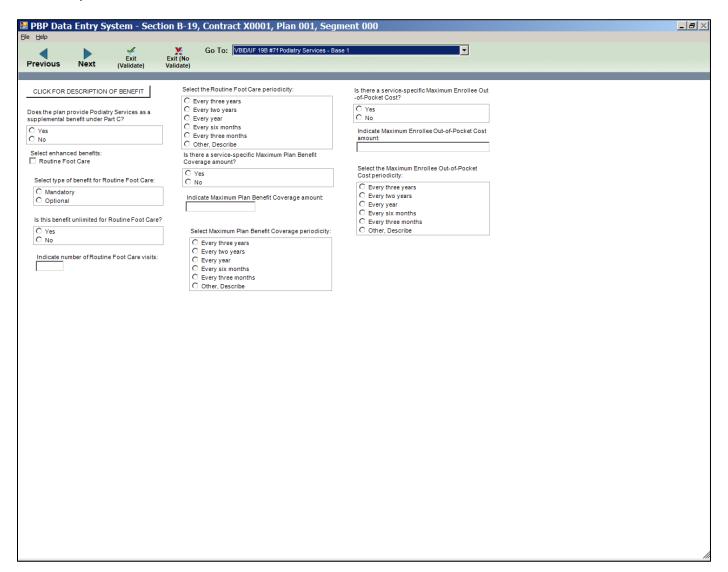
VBID/UF 19B #7b Chiropractic Services – Base 2



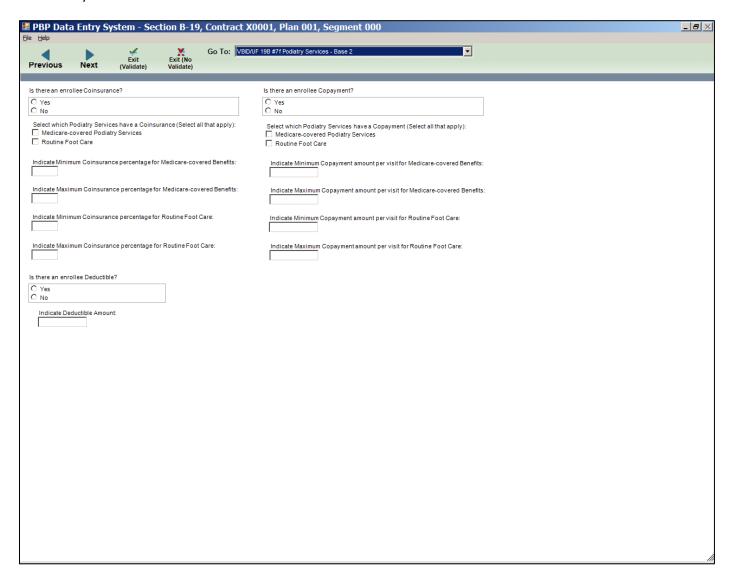
VBID/UF 19B #7b Chiropractic Services – Base 3



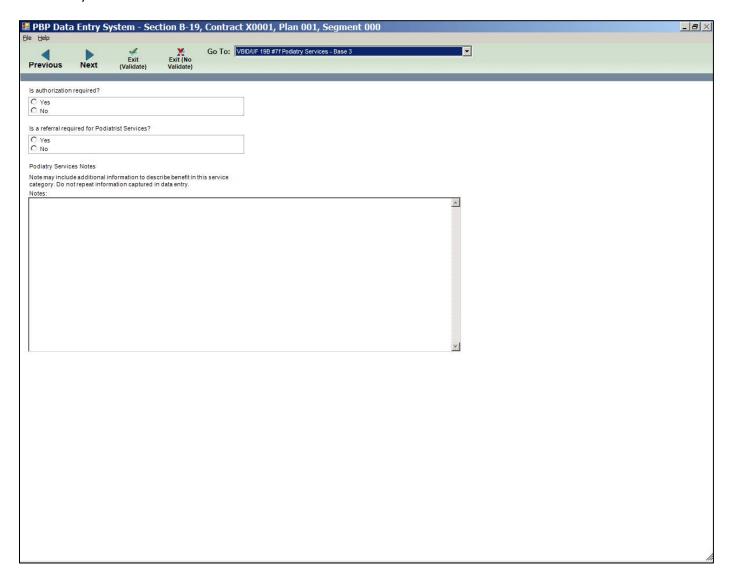
VBID/UF 19B #7f Podiatry Services - Base 1



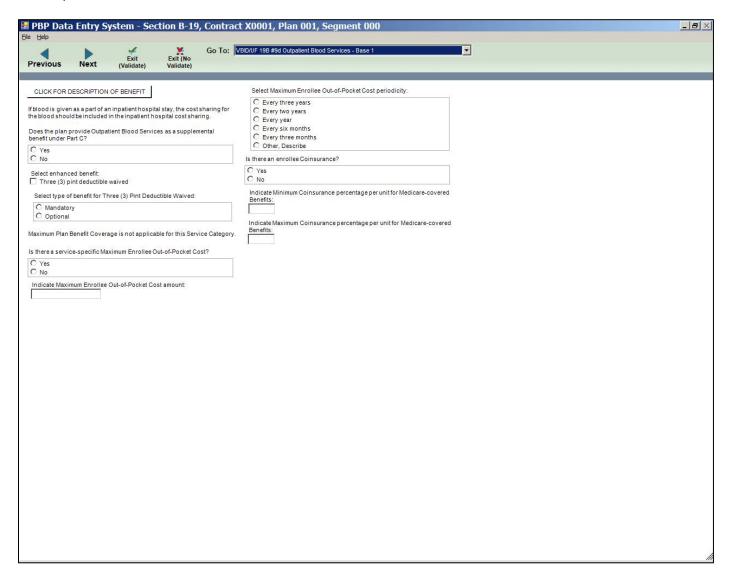
VBID/UF 19B #7f Podiatry Services - Base 2



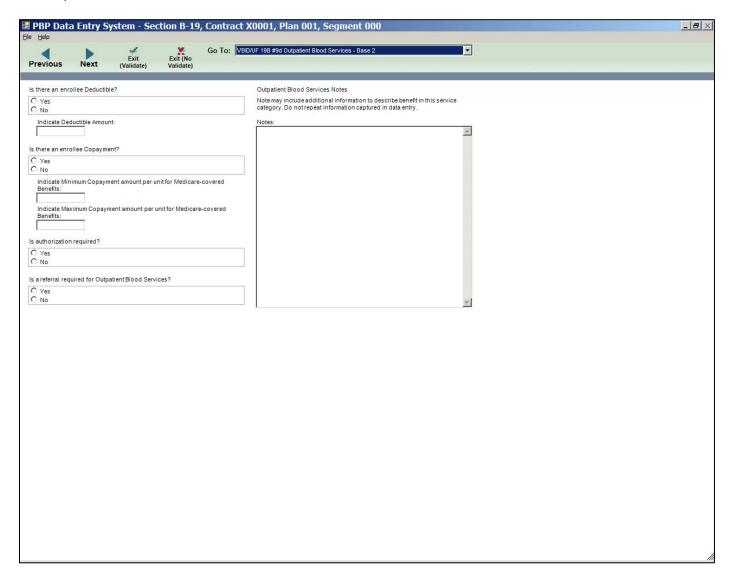
VBID/UF 19B #7f Podiatry Services - Base 3



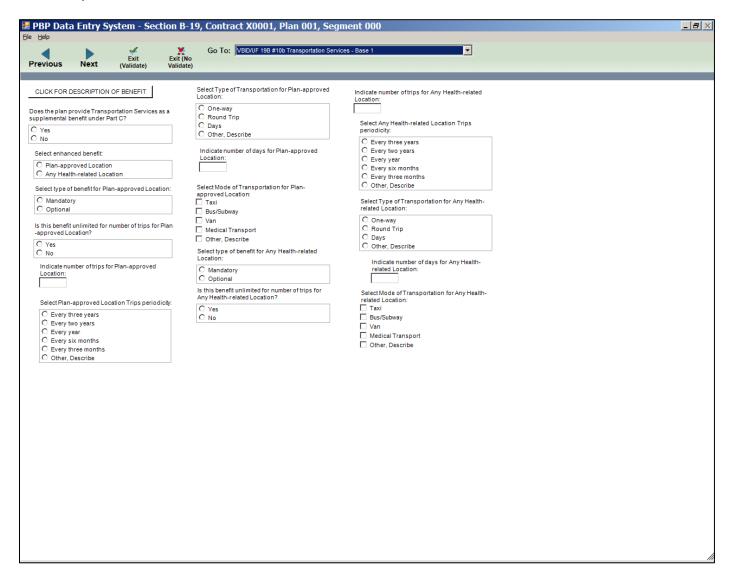
VBID/UF 19B #9d Outpatient Blood Services - Base 1



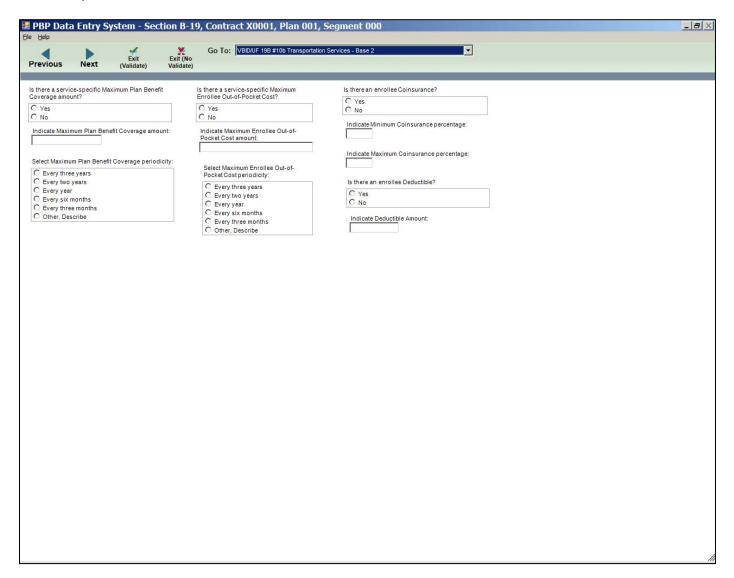
VBID/UF 19B #9d Outpatient Blood Services – Base 2



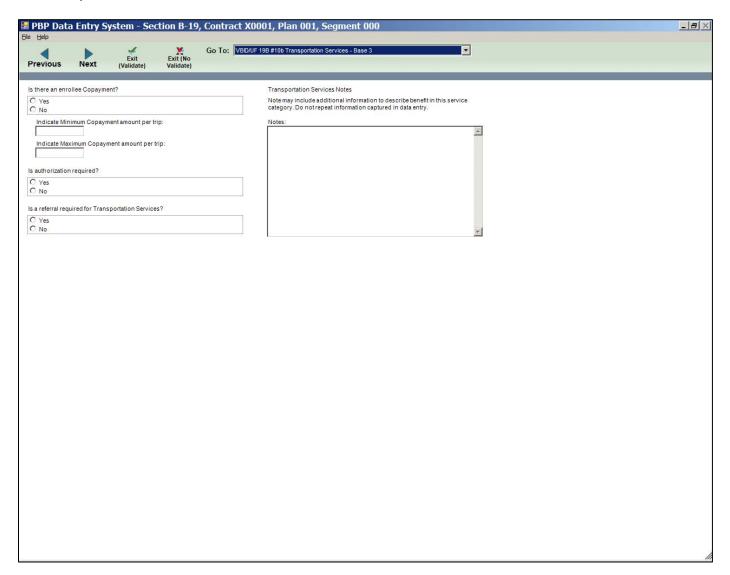
VBID/UF 19B #10b Transportation Services - Base 1



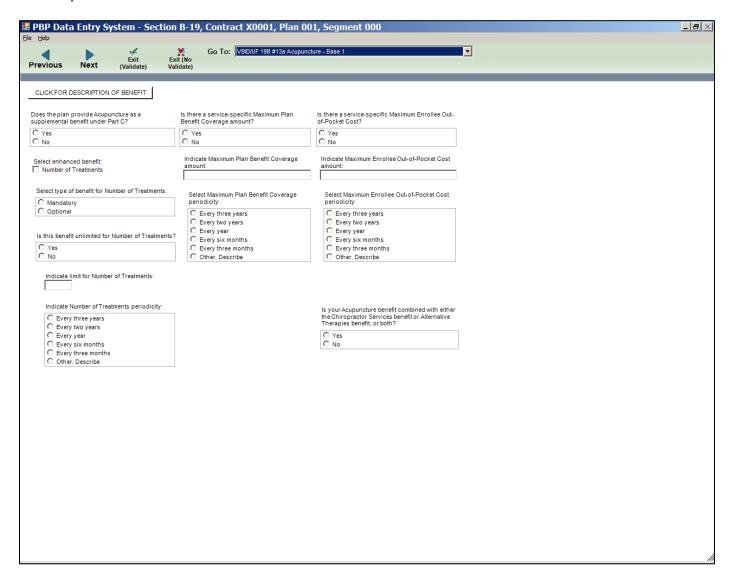
VBID/UF 19B #10b Transportation Services – Base 2



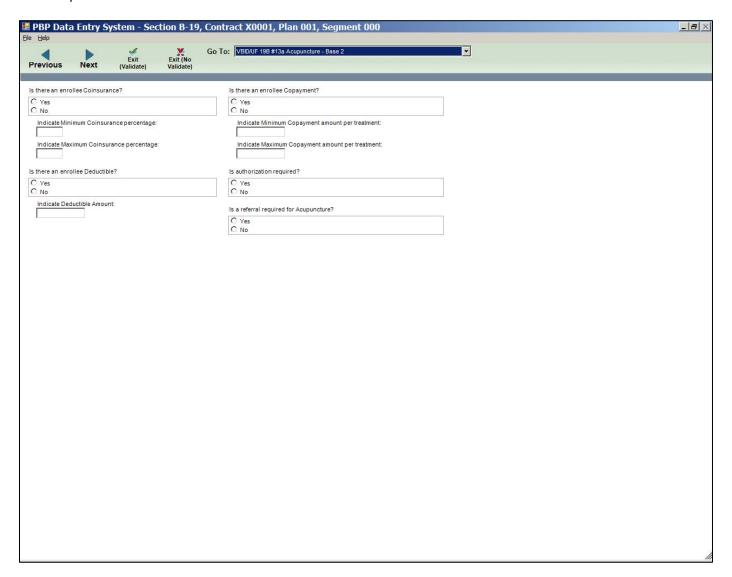
VBID/UF 19B #10b Transportation Services - Base 3



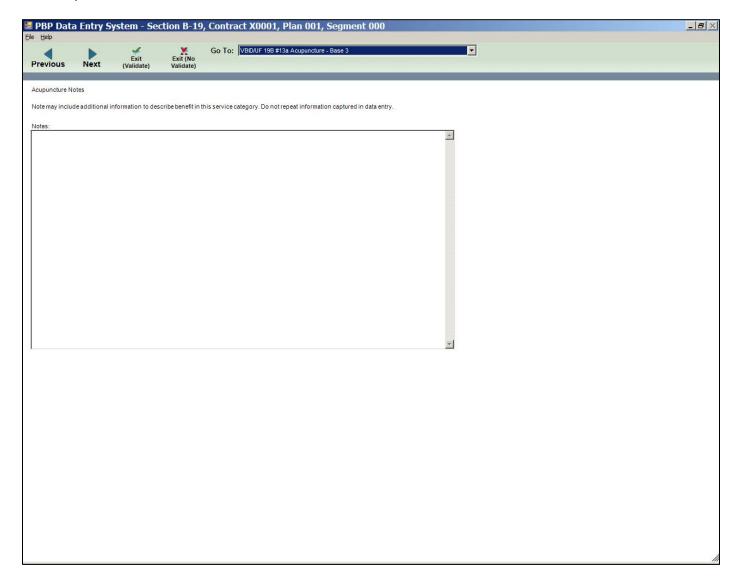
VBID/UF 19B #13a Acupuncture - Base 1



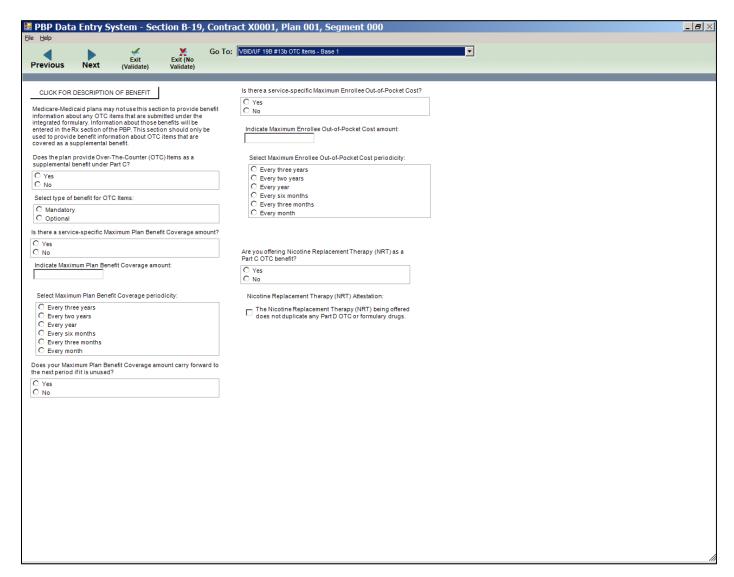
VBID/UF 19B #13a Acupuncture - Base 2



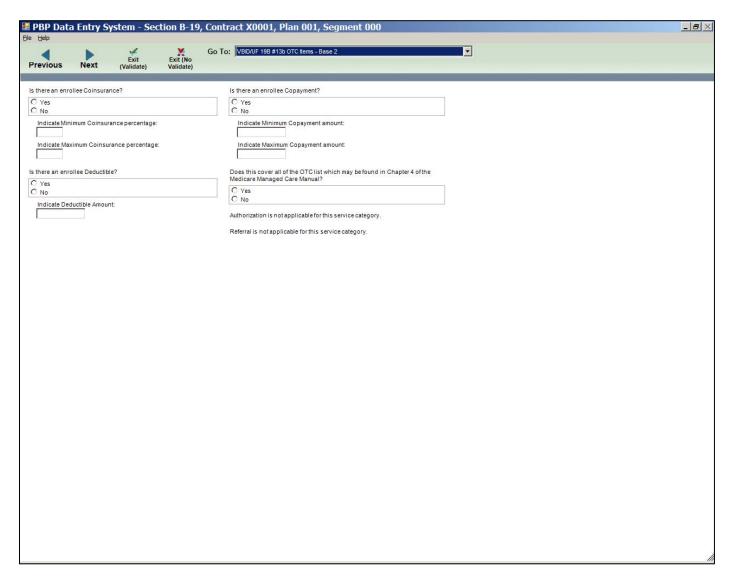
VBID/UF 19B #13a Acupuncture - Base 3



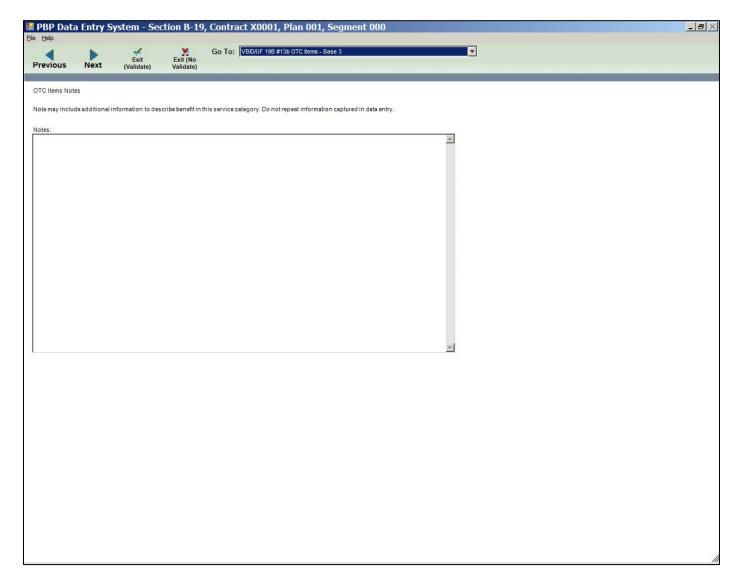
VBID/UF 19B #13b OTC Items - Base 1



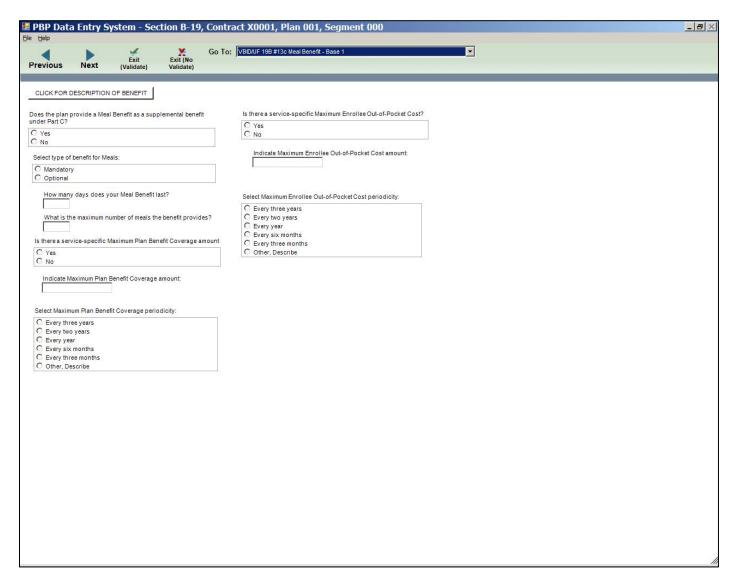
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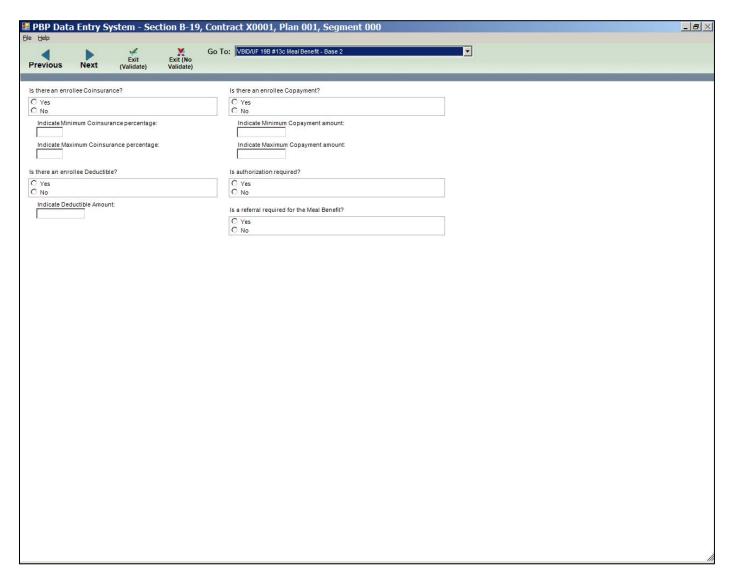
VBID/UF 19B #13b OTC Items - Base 3



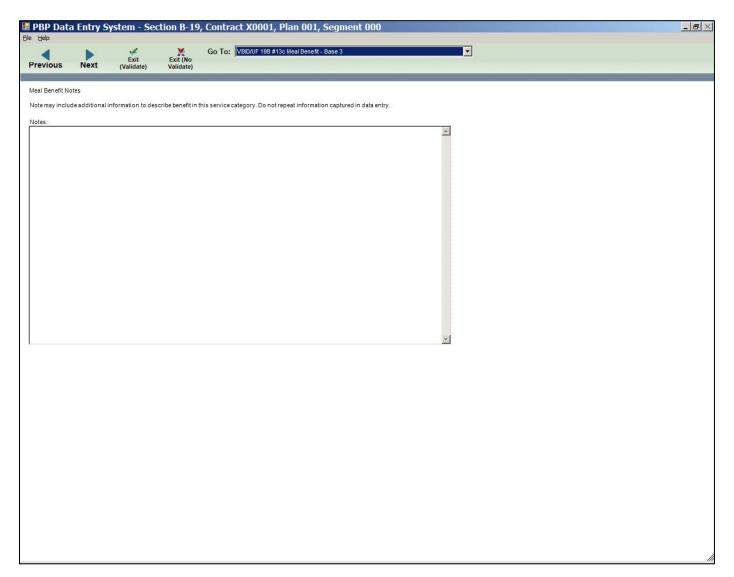
VBID/UF 19B #13c Meal Benefit - Base 1



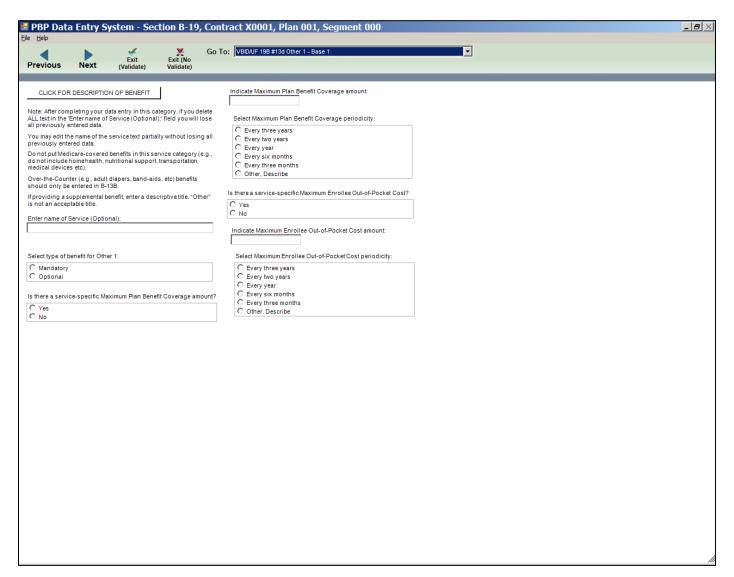
VBID/UF 19B #13c Meal Benefit - Base 2



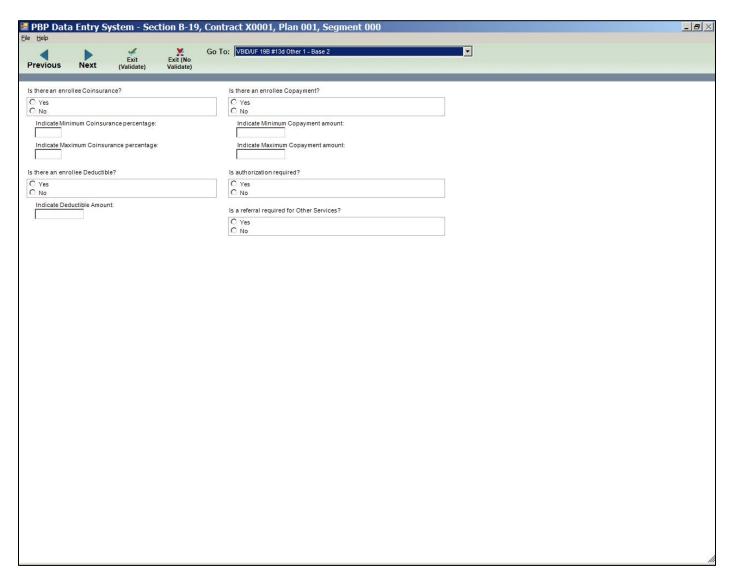
VBID/UF 19B #13c Meal Benefit - Base 3



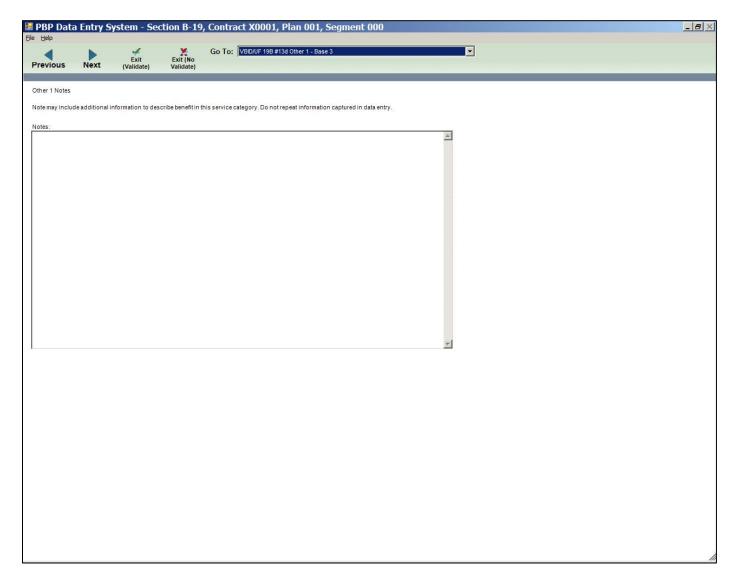
VBID/UF 19B #13d Other 1 - Base 1



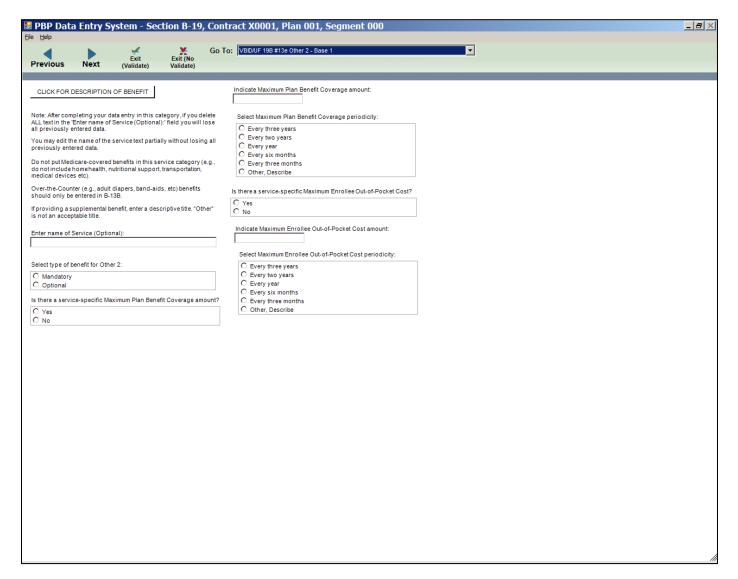
VBID/UF 19B #13d Other 1 – Base 2



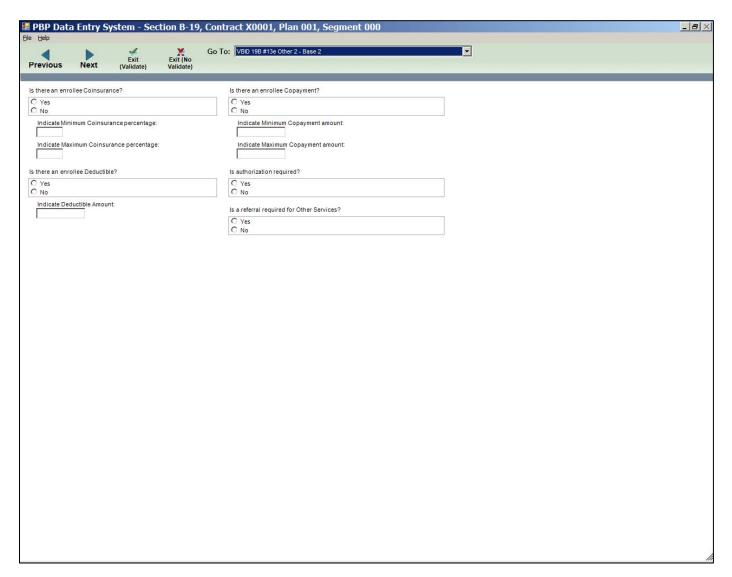
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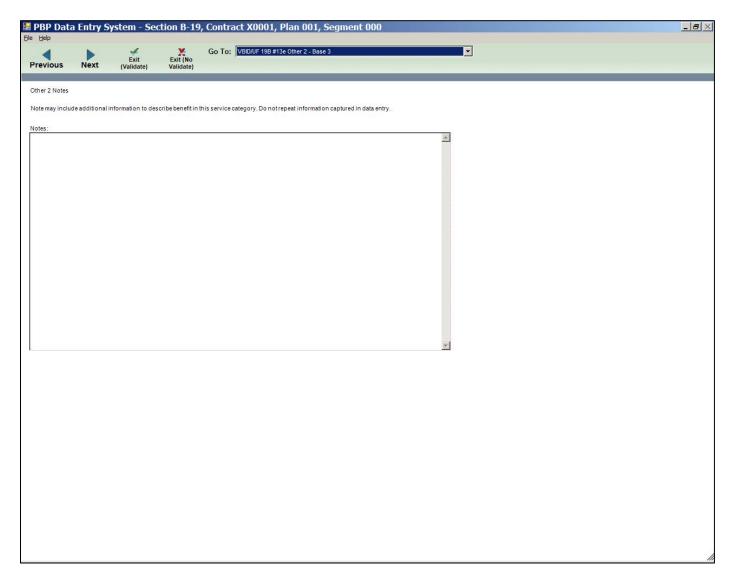
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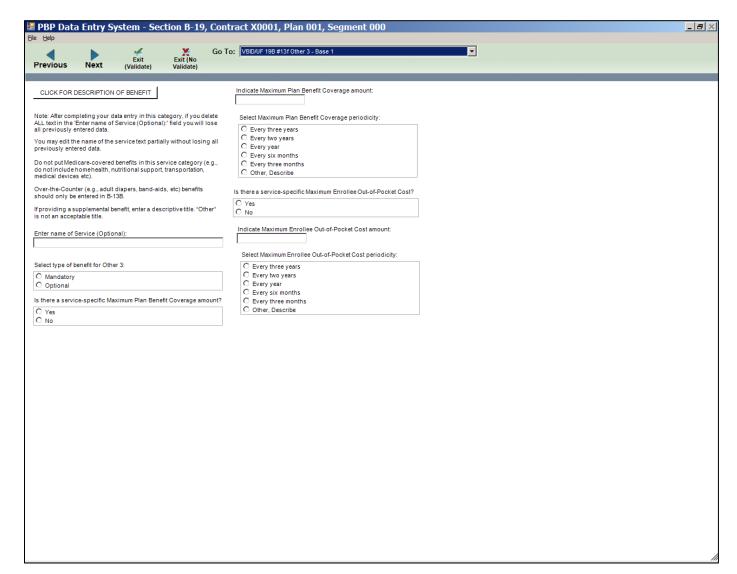
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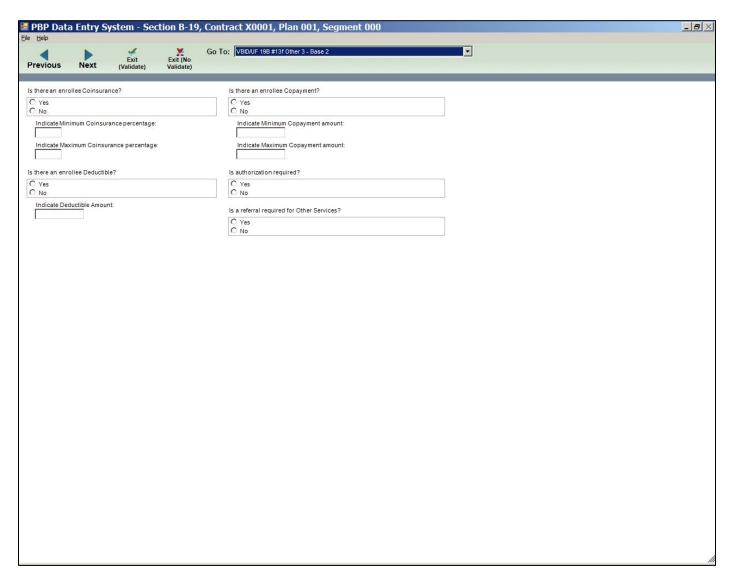
VBID/UF 19B #13e Other 2 - Base 3



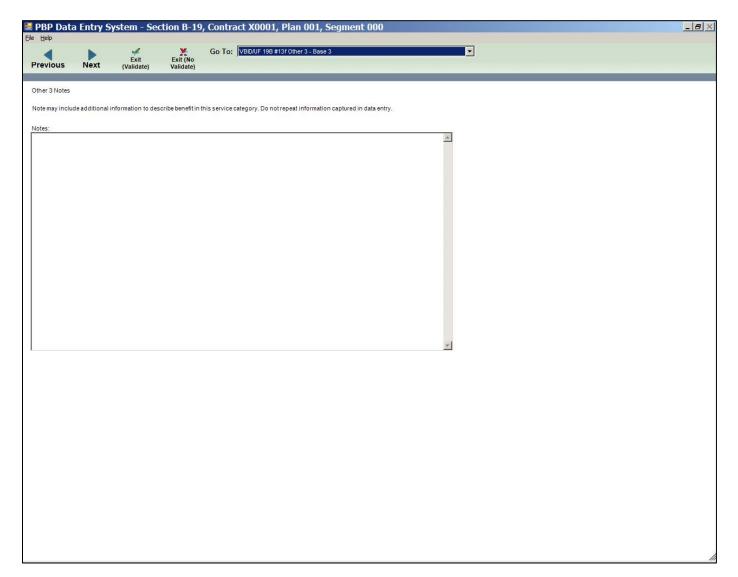
VBID/UF 19B #13f Other 3 - Base 1



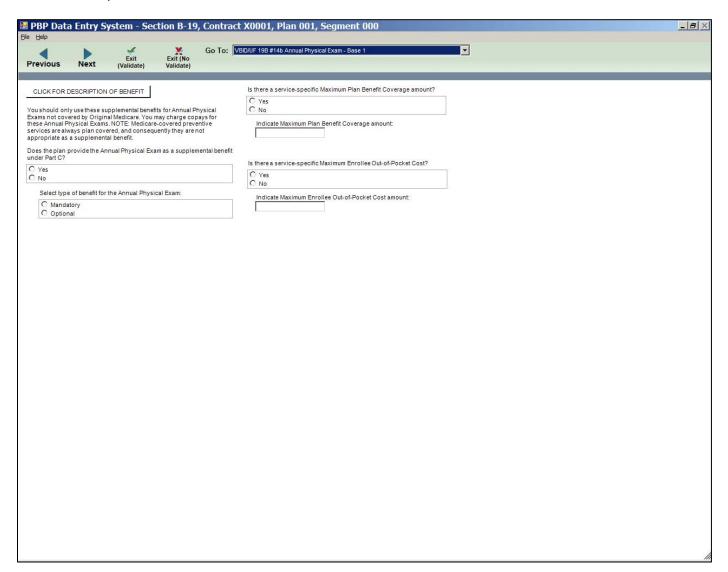
VBID/UF 19B #13f Other 3 – Base 2



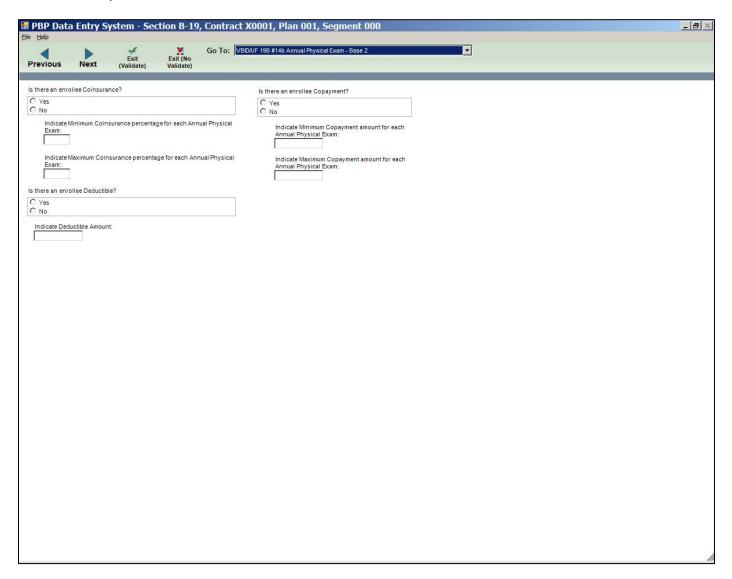
VBID/UF 19B #13f Other 3 – Base 3



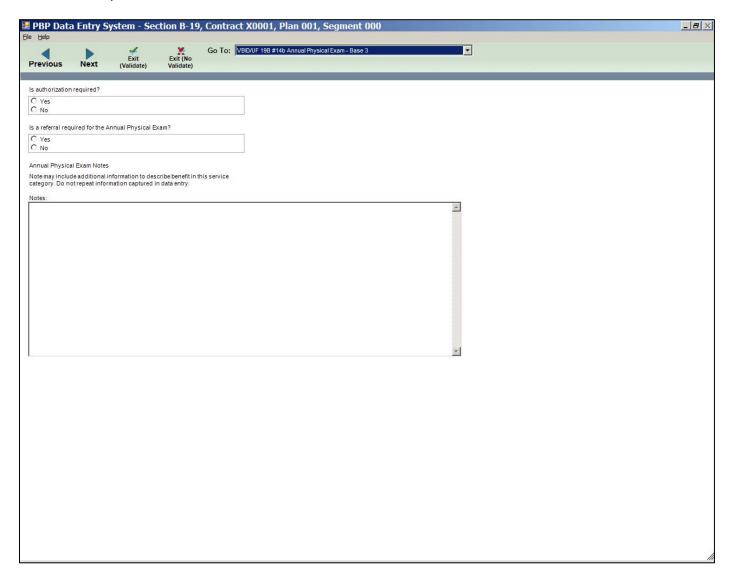
VBID/UF 19B #14b Annual Physical Exam – Base 1

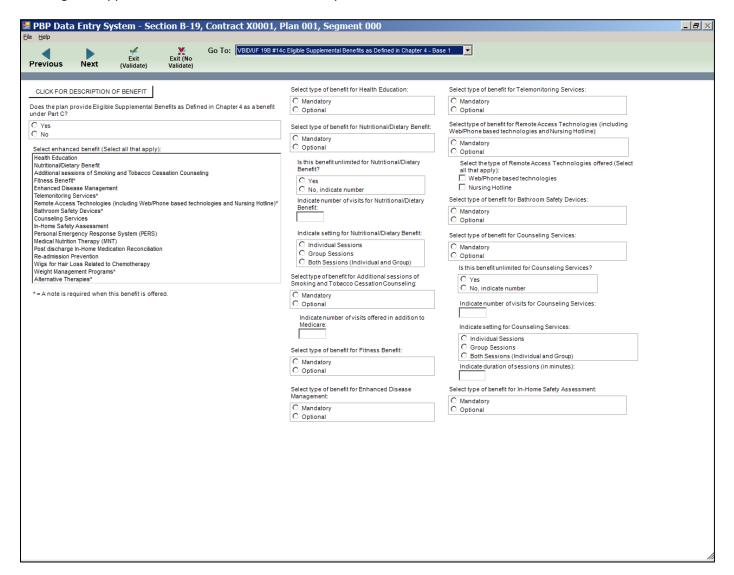


VBID/UF 19B #14b Annual Physical Exam – Base 2



VBID/UF 19B #14b Annual Physical Exam – Base 3





CY 2019 PBP Data Entry System Screens

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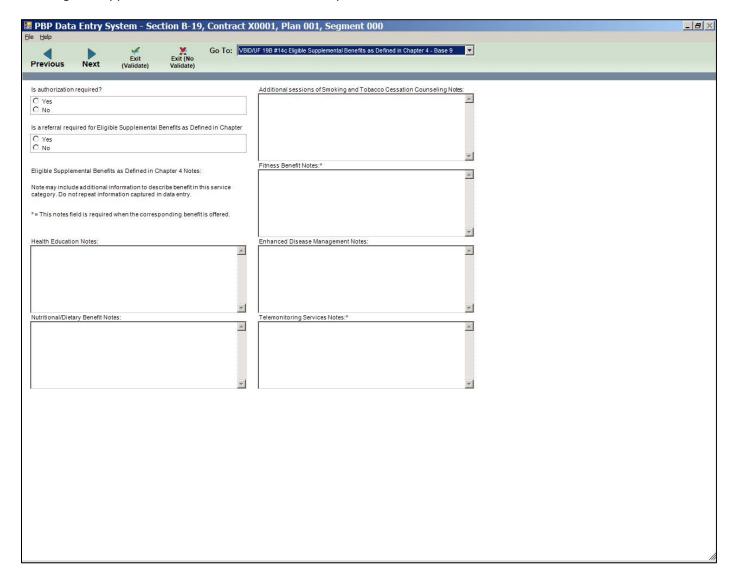
CY 2019 PBP Data Entry System Screens

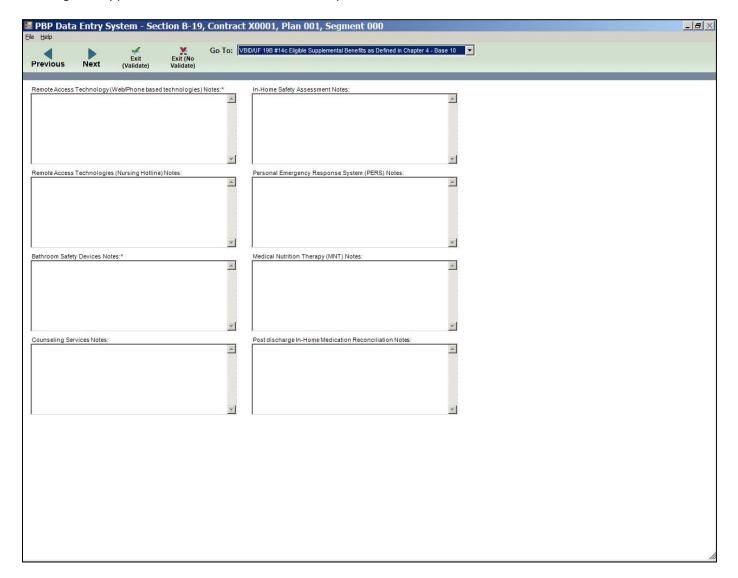
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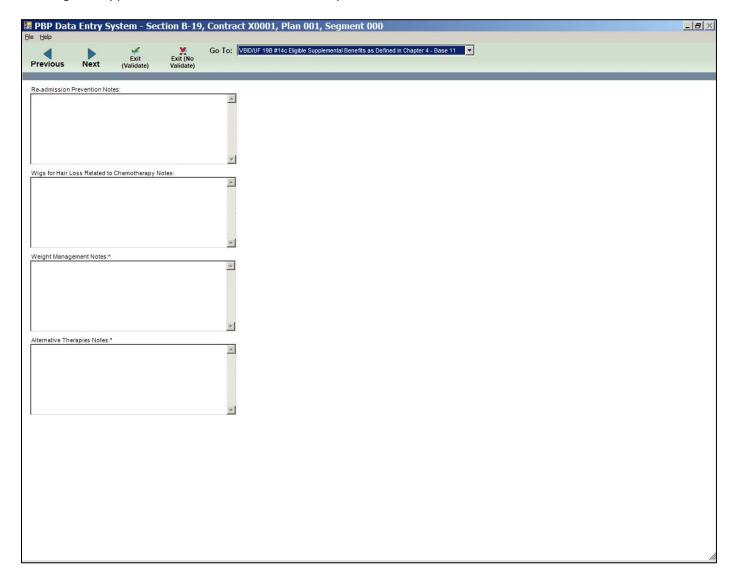
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Re-admission Prevention Wigs for Hair Loss Related to Chemotherapy	Indicate Maximum Coinsurance percentage for Telemonitoring Services:	Indicate Maximum Coinsurance percentage for Personal Emergency Response System (PERS):	Indicate Maximum Coinsurance percentage for Alternative Therapies:
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Indicate Minimum Coinsurance percentage for Nutritional/Dietary Benefit:	Indicate Minimum Coinsurance percentage for Remote Access Technologies (Nursing Hotline):	Indicate Minimum Coinsurance percentage for Post discharge In-Home Medication Reconciliation:	
Indicate Maximum Coinsurance percentage for Nutritional/Dietary Benefit:	Indicate Maximum Coinsurance percentage for Remote Access Technologies (Nursing Hotline):	Indicate Maximum Coinsurance percentage for Post discharge In-Home Medication Reconciliation:	
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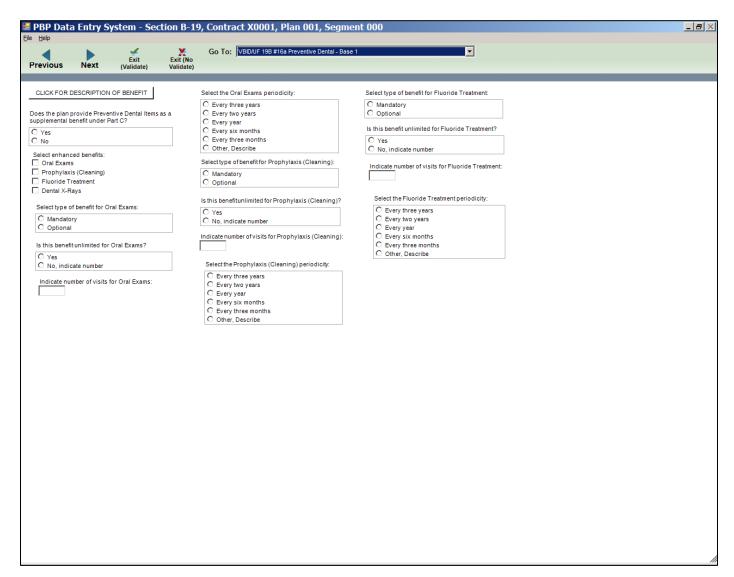
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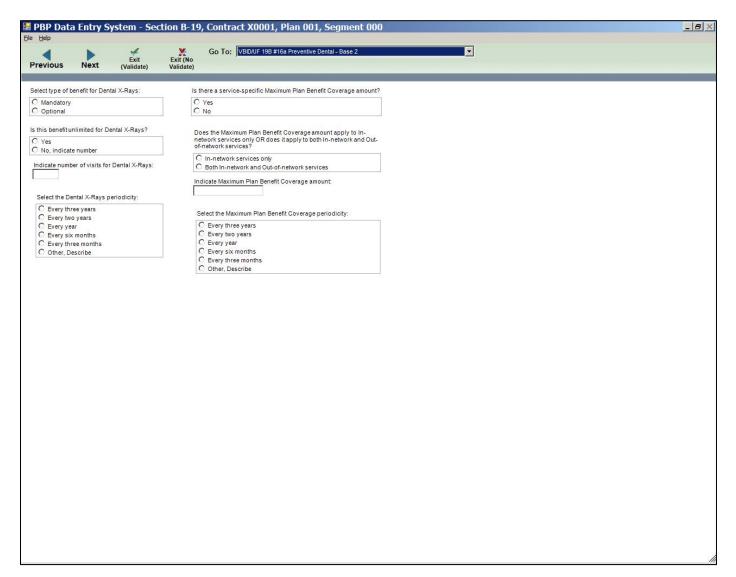




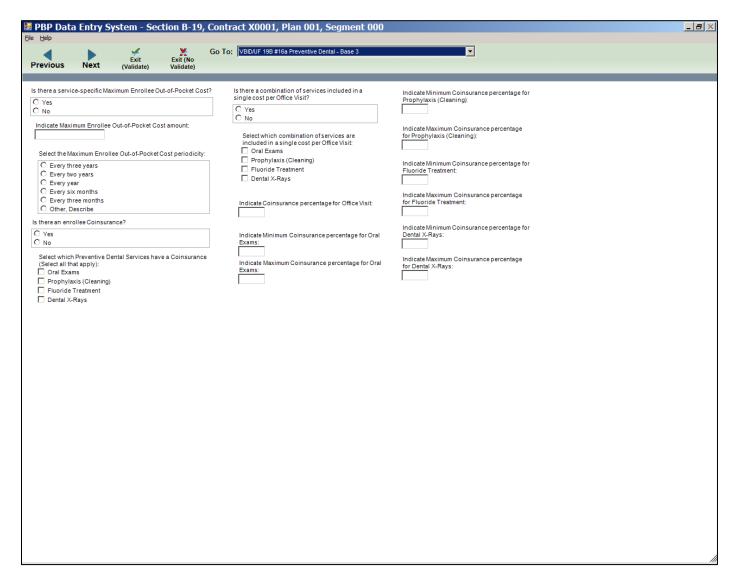
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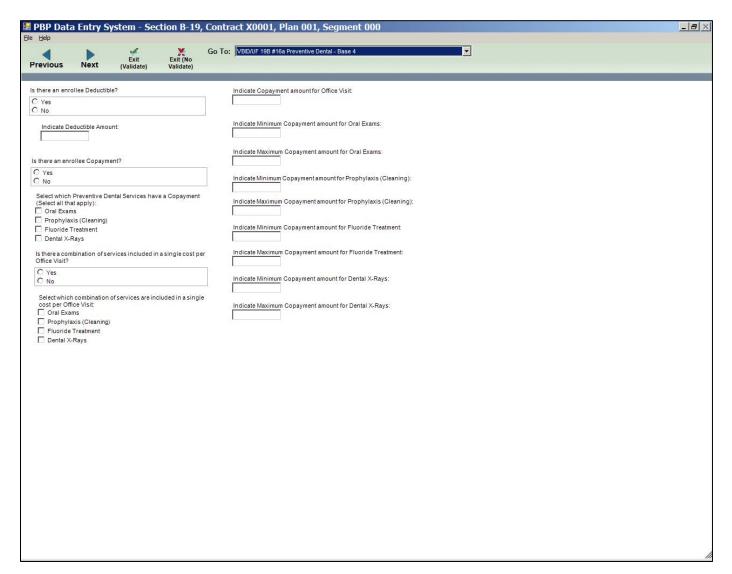
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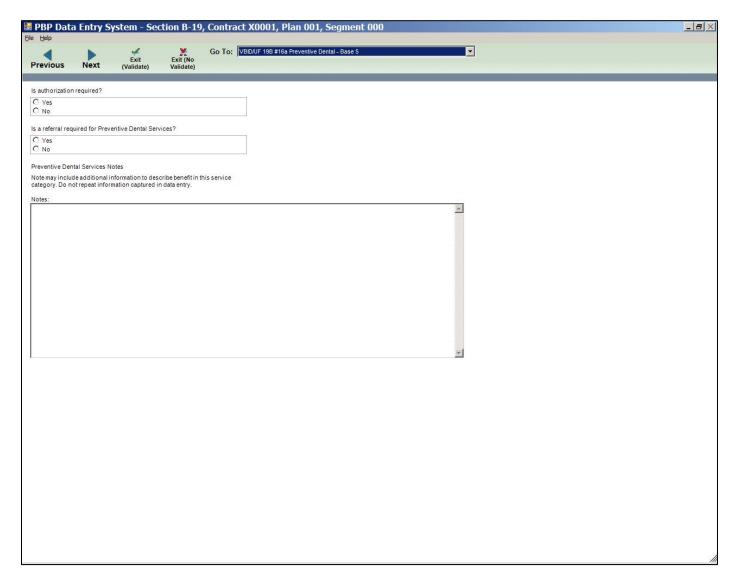
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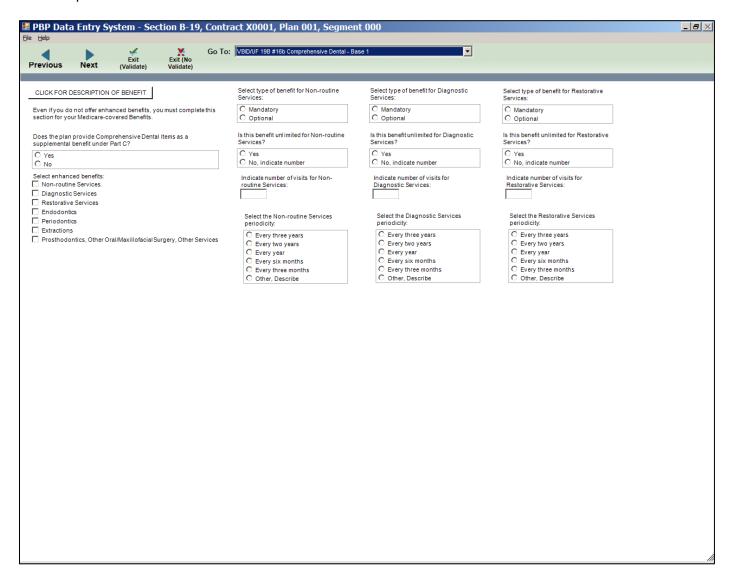


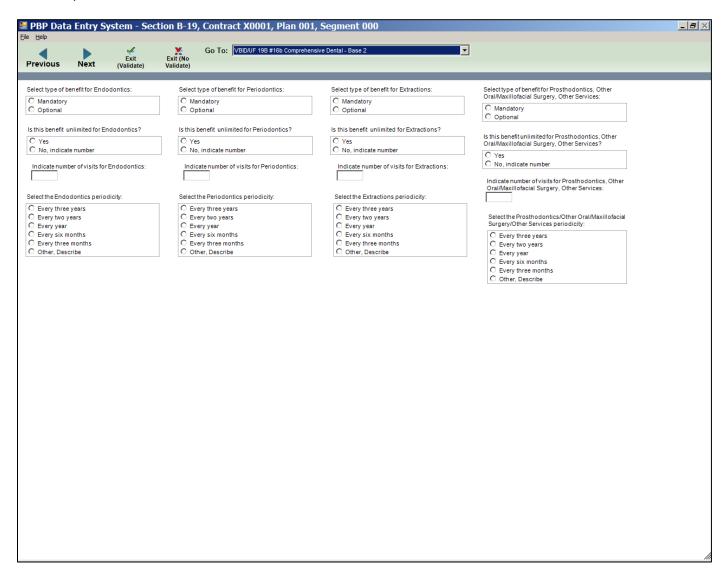
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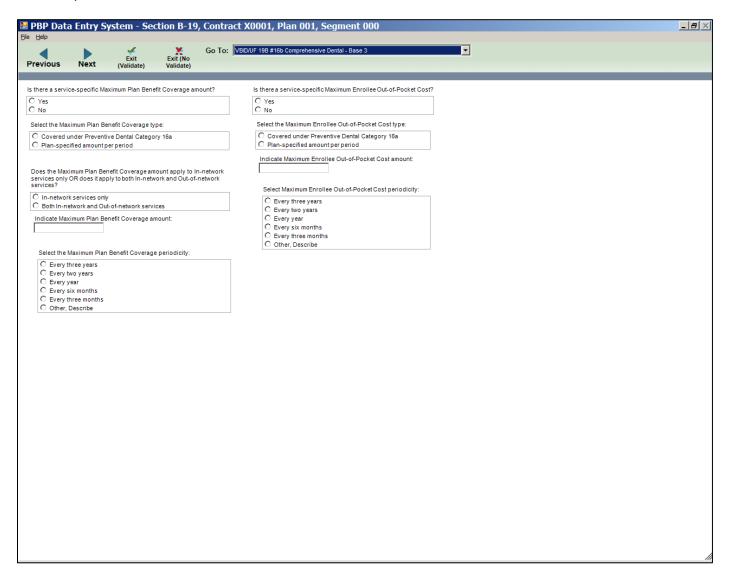


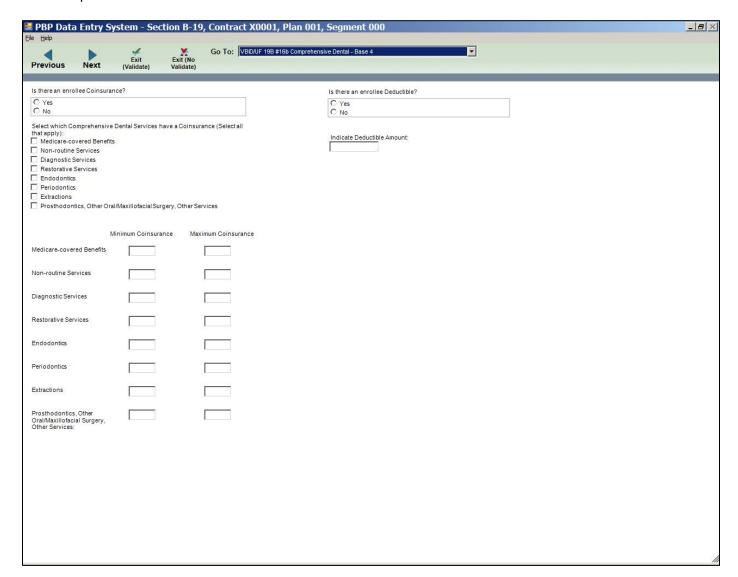
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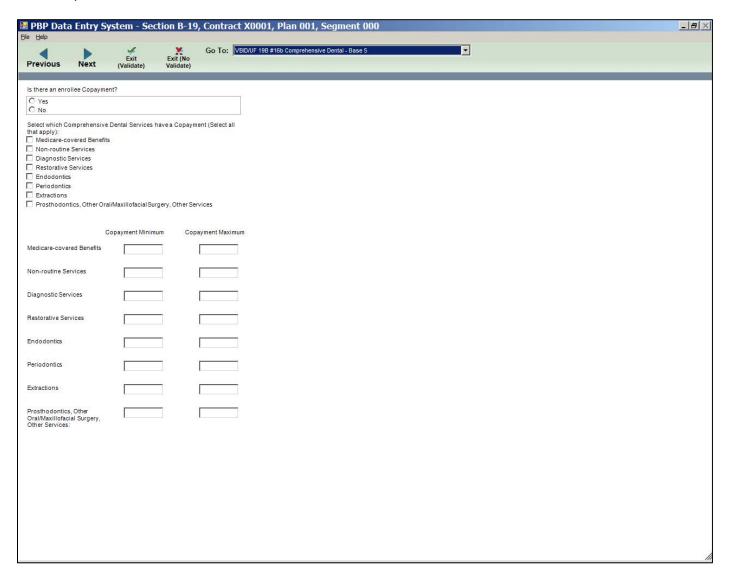


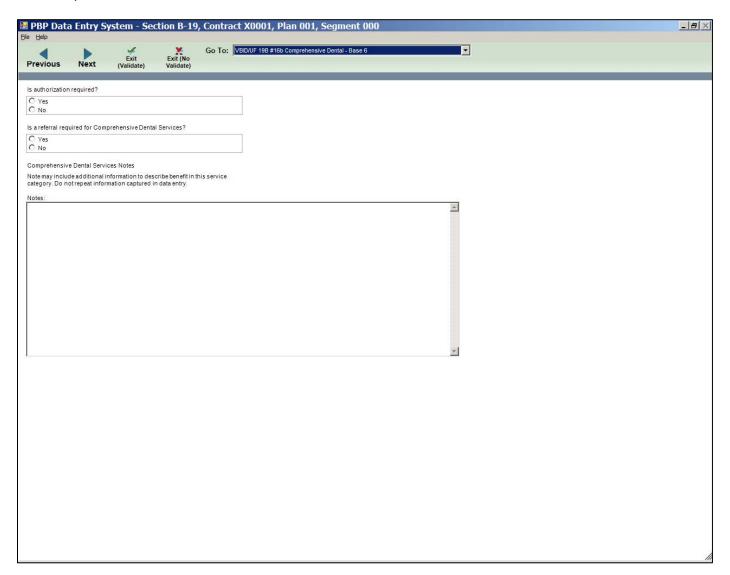




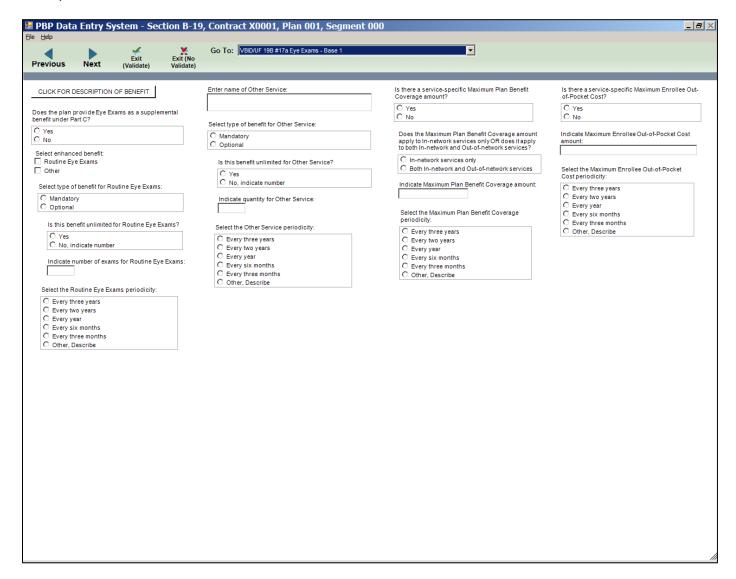




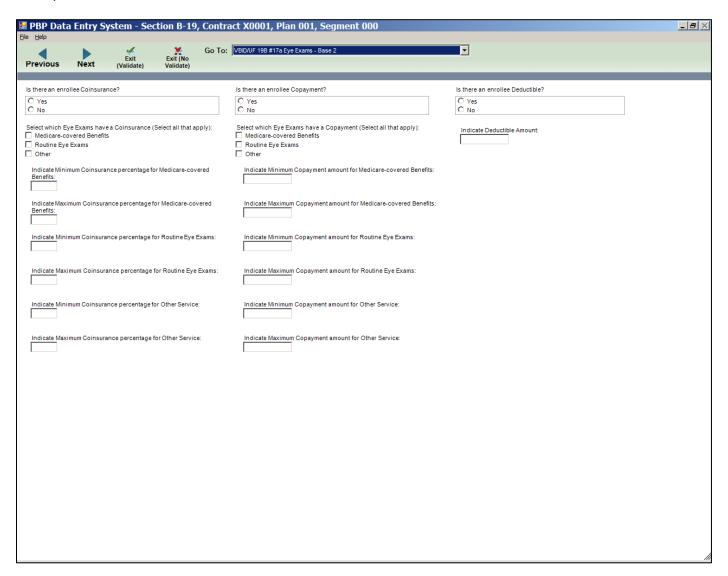




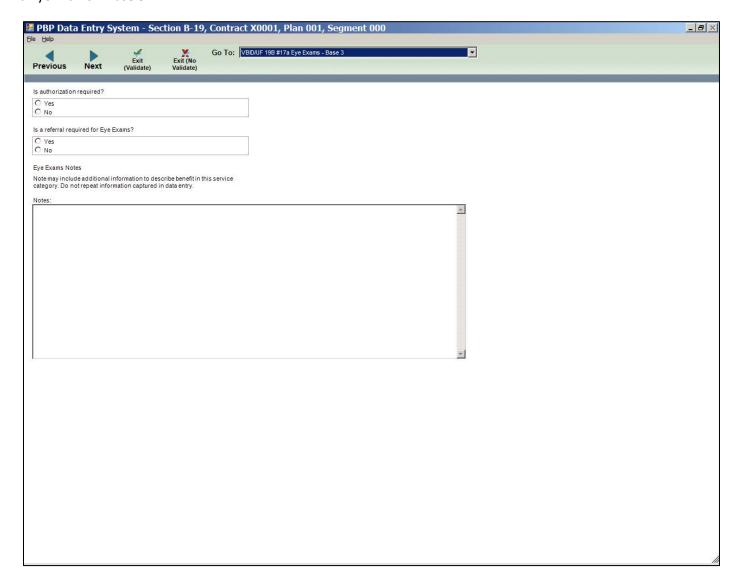
VBID/UF 19B #17a Eye Exams - Base 1

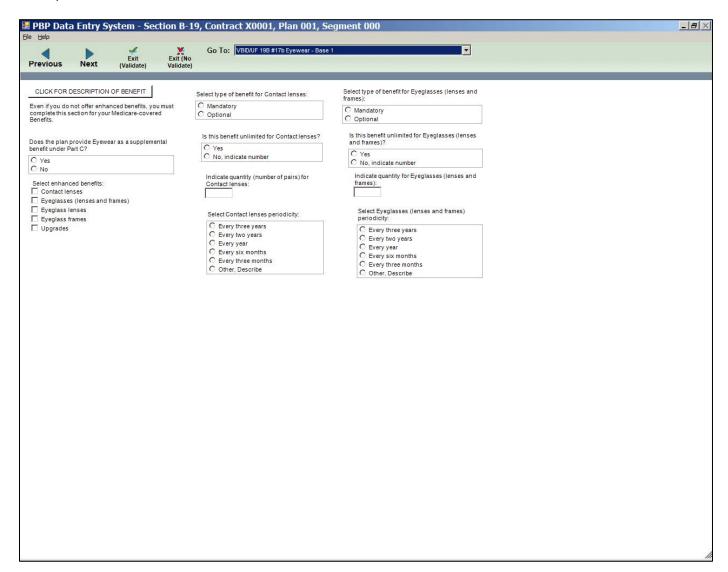


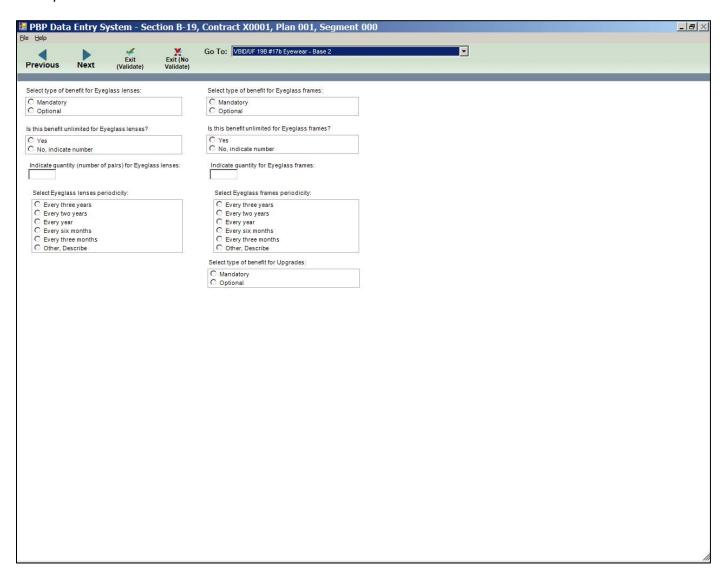
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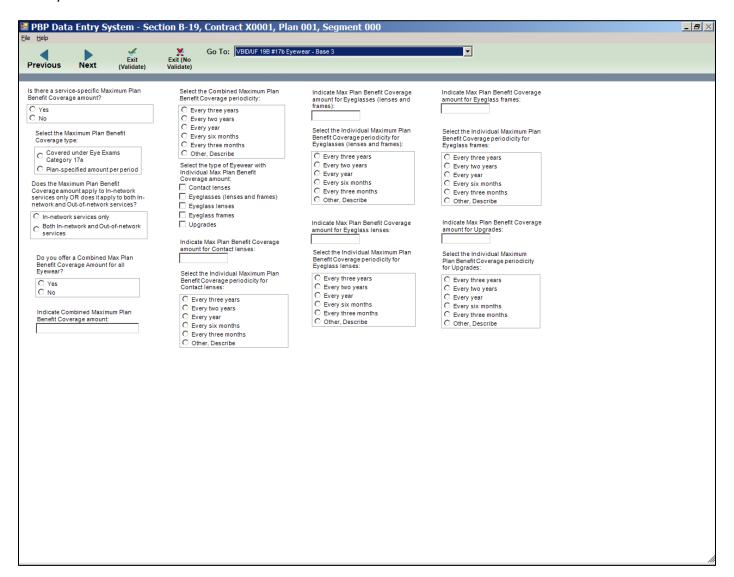


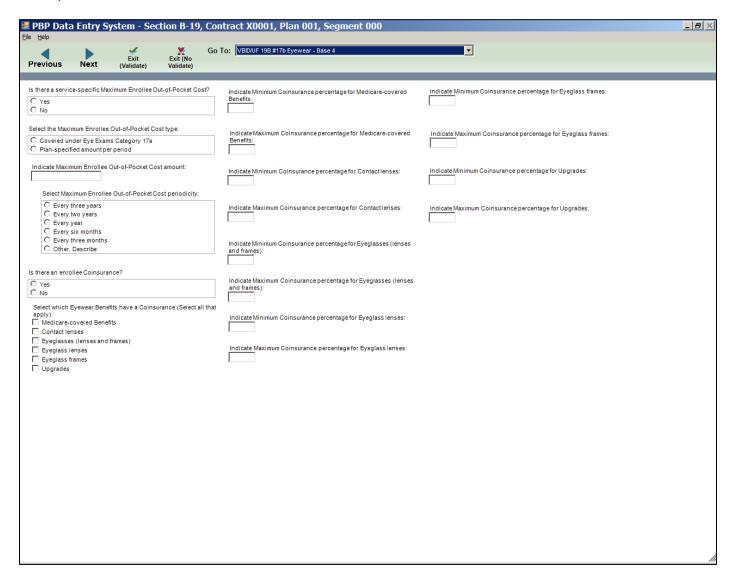
VBID 19B #17a Eye Exams - Base 3

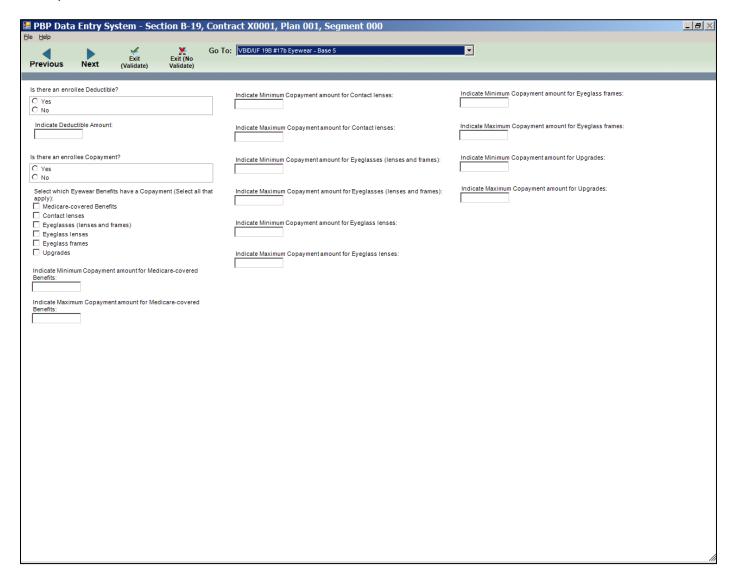


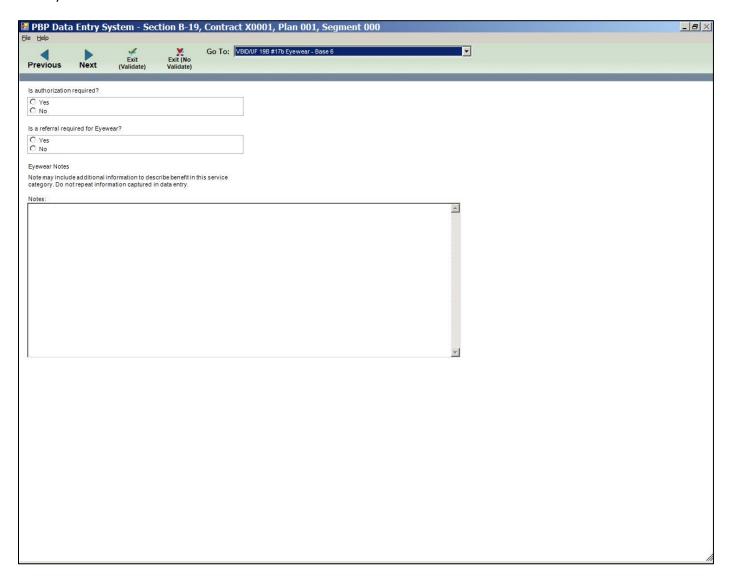




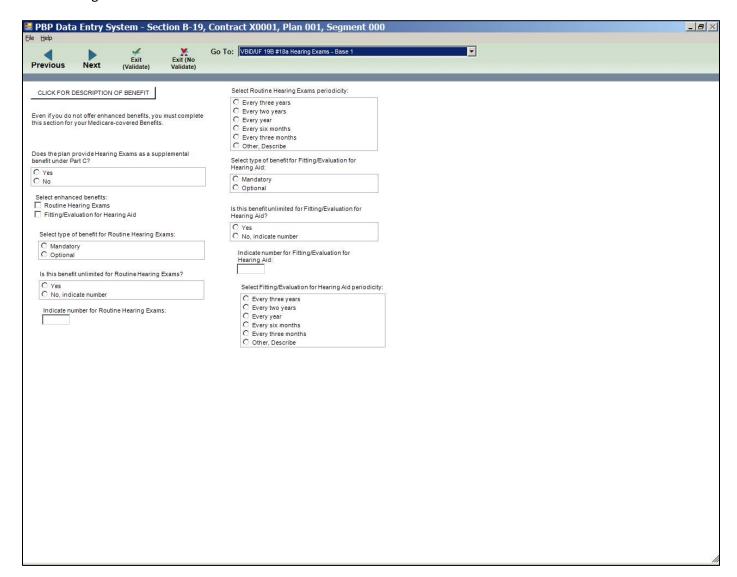




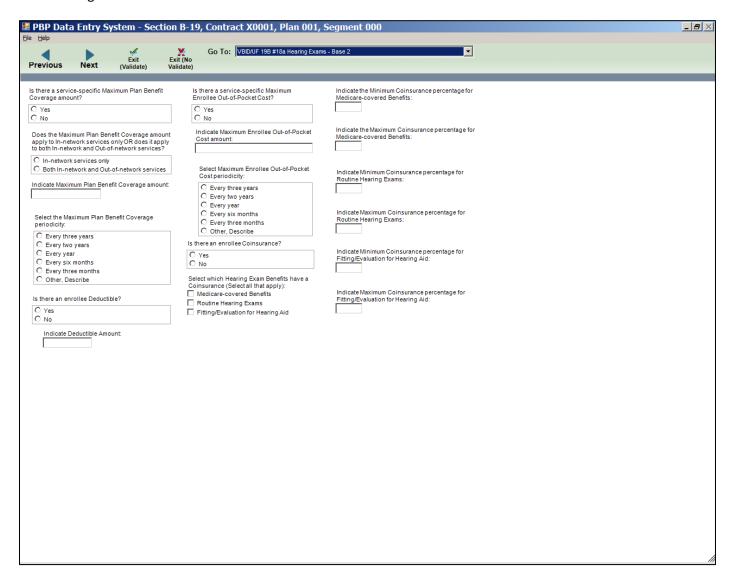




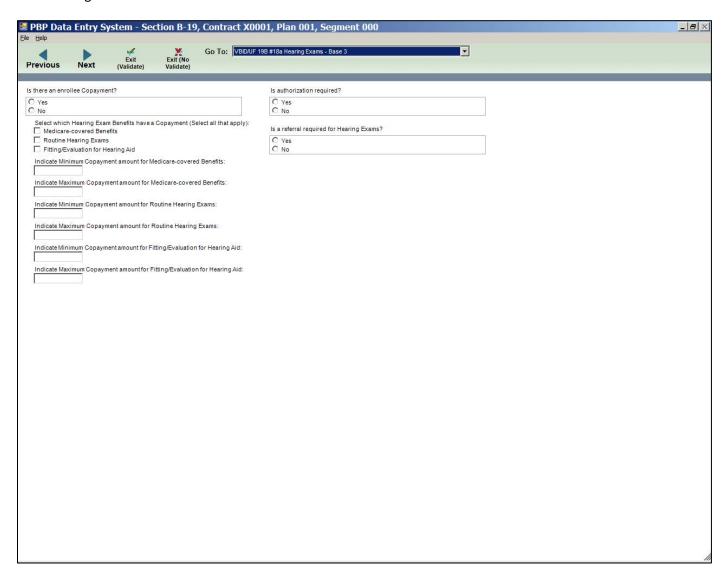
VBID/UF 19B #18a Hearing Exams – Base 1



VBID/UF 19B #18a Hearing Exams – Base 2



VBID/UF 19B #18a Hearing Exams - Base 3



VBID/UF 19B #18a Hearing Exams – Base 4

